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ABSTRACT

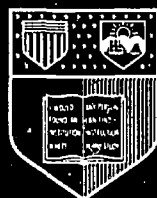
The families served in the Cornell-OEO Project in South Brooklyn are described from three points of view: on a one-to-one basis, as selected subgroups, and in terms of educational work with groups. The one-to-one approach was used most. Demographic data for those served this way include family size, ethnic characteristics, residence location, welfare status, sex of household head, and employment status. A three-level typology based on family problem loads was developed. Thumbnail sketches of 75 families representing the three levels are given. The families were divided into subgroups with unique service needs as elderly, one-visit, and prolonged service. Workshops were held in both formal and informal sessions which formed a significant part of the project activity. Critical factors in their success were personal contact, relevance of content, accessibility, and provision of child care. (MS)

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CORNELL OEO PROJECT :

AN EXPLORATION IN URBAN EXTENSION ACTIVITY

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Supplementary Report No. 2

Families Served by
the Cornell-OEO
Project

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CE 000 404

FAMILIES SERVED BY THE CORNELL-OEO PROJECT

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SECTION I

AN OVERVIEW OF THE CORNELL-OEO PROJECT
IN SOUTH BROOKLYN

AN OVERVIEW OF THE CORNELL-OEO PROJECT IN SOUTH BROOKLYN

The Cornell-OEO Project in South Brooklyn, N.Y. was an attempt to develop and adapt the traditional methods of Cooperative Extension to serve better the needs of the urban poor. It was a demonstration project, undertaken jointly by the New York State College of Home Economics at Cornell University and the New York State Office of Economic Opportunity,¹ with a commitment to training, service, and evaluative research. It was funded by the New York State Legislature for a two and one-half year period, from November, 1968 through June, 1971.

The major goal of the project was to improve the competence of low-income homemakers in the areas of purchasing, budgeting, and home management. Additional goals were to improve the feelings of self-worth of these homemakers and other members of their families, to improve their ability to make use of various community services, and to mobilize some community activity to increase the range of services available. During the project, 38 women from the community were trained to be teaching homemakers and employed by the project as soon as their training was completed. The title they chose for themselves was "family assistant," and the range of their activities was considerably broader than that of teaching homemakers. In the later stages of the project a major goal became enhancement of the ability of the family assistants to take leadership roles in the community after the project was over. To this end they were given a final round of training in various human relations and leadership skills during the last six months of the project.

Physical Setting and Project Administration

The specific area served by the project includes roughly 60,000 people in and around two New York City public housing projects, Gowanus Houses and Wyckoff Gardens. The neighborhood is ethnically mixed, not in neatly balanced thirds as originally believed, but with about two-fifths of the families black, two fifths Puerto Rican (or Spanish-speaking), and the remainder from other ethnic groups. An apartment was rented in Wyckoff Gardens

¹The names were subsequently changed to the New York State College of Human Ecology and the New York State Office of Community Affairs.

for use as a teaching and service facility, and also to provide office space for some staff members.

The first five months of the project were devoted mainly to working out administrative and facility arrangements and to recruiting key staff. The project director, Albert J. Harris, Jr., had been a program director at Colony House, the major community center in the project area. The training director, Miss Suzanne Matsen, had been an assistant professor in consumer education at the College. She moved to New York City in the late fall to initiate preparations for the project. The research director, Edward Ostrander, an associate professor at the College, remained in Ithaca where most members of the research staff were located. Other key staff included a research associate in Brooklyn and several group workers who supervised the activities of the family assistants.

Training and Service

The first group of 12 trainees was recruited in March, 1969. In a little over a year four groups or waves, each composed of eight to 12 women, were trained. Each wave participated in a half-day, eight-week course covering 168 hours of field and classroom training. The training content they covered included food and nutrition, child development, interior decoration, money management, family health, consumer protection, the family life cycle, and skills in working with families. The curriculum content and manner of presentation evolved from one wave to the next. Revisions were based on the suggestions of the trainees, initiative of the instructors, and availability of appropriate outside personnel.

Women who were graduated from the course were given the title, "family assistant." After graduation, family assistants visited community homes to work with families on a one-to-one basis. In the service phase, the family assistants' workweek was officially 20 hours. Twelve hours were to be spent working with families and the remaining eight hours devoted to in-service training. At first family assistants recruited their families by going door-to-door and explaining the project services. Once contact was made with families the urgency of some problems often resulted in involvement far exceeding the 12 hour workweek. It became evident from the outset that many of

the problems encountered by the family assistants were not narrowly related to home management and consumer education but encompassed the gamut of human problems including interpersonal relations, health, alcoholism, drugs, housing, and school and welfare issues.

Family assistants quickly found they could help alleviate many of these problems by telling the family which existing community agencies or resources might provide assistance. This expeditor role was a common one for family assistants to play early in the project history. In other cases the family assistant actually took people to an agency and sometimes assumed an advocacy role for the family in dealing with the agency.

In-service training activities for family assistants were extremely varied. Formal teaching, demonstrations, discussions, sensitivity training, and field trips were used to increase knowledge and develop skills in interpersonal relations. Some speakers were invited from New York City social service agencies and other content specialists came from Cornell. Occasionally the in-service training involved a continuing program, such as a workshop in sewing or furniture refinishing. Other in-service activity included Red Cross home health training that had implications for future employment.

The individual contact or one-to-one approach to families was retained throughout the project. Families continued to request service or continued to be contacted primarily through word-of-mouth communication. As the project matured additional activities were undertaken. Family assistants and staff organized into special interest committees on education, housing, and child care to actively participate with already functioning groups in the community to try to improve community resources and delivery of service. Family assistant members of this committee attended community meetings and reported back to the project staff.

Workshops also were held for the community residents in facilities provided by the project. Family assistants and staff taught sewing, furniture refinishing, and interior decorating to groups of community residents. The workshops for community groups extended the outreach of the project to new people who had not been contacted previously by family assistants. Project staff, including family assistants, participated in classroom panel discussions on the Cornell Campus several times during the course of the project.

Evaluative Research

The research component of the project had three major objectives:

(1) to collect and interpret data useful to the project administration in revising training plans and priorities for service activities; (2) to maintain systematic records of project activities that could be used in later analysis of the project as a social enterprise--more specifically, as a venture in university-community cooperation; and (3) to assess the impact of the project on its Brooklyn staff, the families they served, and on the surrounding community.

The major obstacle to these goals was the intense distrust of all types of research activity by most of the paraprofessional members of the Brooklyn staff. Many family assistants freely voiced the suspicion that the Ithaca-based research staff had ulterior motives and would exploit them and the families with whom they worked. They expressed resentment over the long history of research reports that have highlighted derogatory information about minority groups. Such inquiries and reports are seen both as invasion of privacy and as exploitation of people in unfortunate circumstances. In the experience of the family assistants, research studies seldom if ever lead to any observable benefit to the subjects of research.

Two major approaches were used by the research staff in attempting to deal with this distrust. The first was an agreement that there would be no systematic attempt to collect research data outside project goals. Project research data would come through reports made by family assistants and records of Brooklyn training sessions and staff conferences. Any exception to this rule would be with the approval of the staff and participants. An early exception was made with the agreement of participants to enable a graduate student member of the research staff to collect data for her thesis.

The second major approach was a series of visits to Brooklyn by members of the Ithaca research staff, and a series of conferences and guided interviews in both Brooklyn and Ithaca with key members of the Brooklyn staff.

These approaches were successful in making possible the regular collection of research data throughout the life of the project; however they represented a compromise that was not very satisfactory to any of the parties

concerned. In particular, getting usable reports from the family assistants proved to be far more difficult than the research staff had expected. Nevertheless, the family assistants eventually made reports on most of their dealings with families, and the research staff developed a reasonably objective system for recording major problems faced by families and the major types of service given to them.

Research Findings

Probably the most important lesson learned was that the project actually could be carried out, including all three components of training, service, and evaluative research. The project has provided important evidence that it is indeed possible to adapt the traditional methods of Cooperative Extension to serve the needs of the urban poor. The project has also indicated that the major modification required is the employment of paid paraprofessionals to work with individuals and families on a one-to-one basis. Though this adds tremendously to the cost of extension work, it seems to be essential for comprehensive, family-oriented programs in poverty areas.

The research efforts of the project have shown once again the tremendous gulf that lies between the goals and assumptions of middle class academic people--including both those professionally trained in Cooperative Extension and those professionally trained in research--and the goals and assumptions of the urban poor and their developing community leaders. More importantly, perhaps, the project has shown that under favorable circumstances it is possible to reach a fair degree of mutual understanding, and to develop arrangements that make possible cooperative efforts toward the goals of each group. These arrangements are difficult to work out, and they require considerable modification of the initial assumptions of all groups concerned.

Lessons Learned

These "lessons" learned from the whole project experience seem more firmly established than any specific "research findings." The most important research finding is probably the discovery that families with a considerable number of pressing problems are unable to utilize help in the areas of home management and consumer education, even when this help is offered on a one-to-one basis. These families often did benefit from direct personal help by the family assistants. The commonest kinds of personal help were: taking

a family member to a medical clinic or social agency, serving as an interpreter to non-Spanish-speaking agency personnel, interceding for a family with welfare or educational authorities.

The impact of the Cornell-OEO Project proved very difficult to assess. It was most dramatic--although probably not lasting--on those individuals for whom family assistants provided direct personal help with some immediate pressing problem. It is likely that in many families there were more lasting results from the educational efforts of the family assistants--mainly in the areas of better purchasing practices and greater ability to make use of existing community services. It is difficult to document these results in the absence of a follow-up study.

The staff believes that the project has had a major impact on the self-image and social competence of the majority of family assistants employed in it, though this would be very difficult to document objectively. There is no doubt, however, that a number of family assistants have gone on to jobs involving more responsibility than any they had held before participating in the Cornell-OEO Project, and that others are playing more active roles in community affairs than they did previously. The enduring impact on the general South Brooklyn community can only be assessed in the years to come.

SECTION II

FAMILIES SERVED ON A ONE-TO-ONE BASIS

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FAMILIES SERVED ON A ONE-TO-ONE BASIS

Introduction

The family assistants employed by the project were expected to be one of the populations to benefit directly by the Cornell-OEO Project. The second, and larger, population directly affected consisted of 467 families contacted on a one-to-one basis by family assistants.

Goals

The service or action goal in relation to the larger population was "to assist low-income homemakers adapt to more successful homemaking and consumer buying practices." (Project proposal, p. 1)

The research goals were to develop criteria of program effectiveness in changing knowledge and behavior; to develop instruments for measuring attainment of the goals; and "to collect and analyze data on demographic, individual and situational factors to determine the nature and degree of their association with criteria of program effectiveness." (Project proposal, p. 3)

The selection and the training of aides, the choice of the title, "family assistant," and the various roles aides assumed in addition to teaching have been described in the section on family assistants.¹ This section describes the day-to-day work of the family assistants with families, the families themselves, and the systems developed for classifying family data and service data. The most significant classification systems for family data were based on the life cycle and the problem load of each family. The major classification of service distinguished between teaching, expediting, personal service, and moral support or counseling. Maintaining a one-to-one relationship for a reasonable length of time, with a substantial part of the time devoted to teaching activities was considered success. No scheme for objectively measuring change in knowledge or behavior was developed for reasons that will be discussed in the section on research.

We will attempt to show that life cycle stage and problem load determine service needs to a considerable extent. This relationship should be taken into account in planning future training and/or service programs. A program suitable for those low-income families most receptive to educational efforts may be totally inadequate for others.

¹Final Report--CORNELL-OEO PROJECT: An Exploration in Urban Extension Activities

Procedures

It was expected that family assistants would be able to interest their neighbors in the topics covered in the training course, would pass on the information, demonstrate new techniques, work side-by-side with the homemaker as an effective teaching device, and perhaps tell her about community services available for her family's use. It was hoped that families would adopt the new practices and become wiser consumers. They would benefit by getting more for their money, by planning more nutritious meals, by avoiding consumer frauds, and by making their homes more satisfying.

On the basis of similar projects elsewhere, it was expected that the aide would have five families at a time to work with, would see each one every week for up to six months and would then move on to other families. Contact would be terminated if little progress was being made. Each new group of aides would have as immediate supervisor a "group worker" who would assist in training and in-service training and help the aide with problems arising in her work with families. The project budget and predictions of services to be rendered were based on this scheme. At an early stage it was thought that service would inevitably include help with family problems. Professional social workers would be needed to assist aides help their families with complicated problems they would encounter and to advise on use of resources. This idea was dropped in the actual staffing of the project though the words remained in the proposal.

In practice, length of contact ranged from one visit to 23 months. Contact was maintained with some families until family assistants and family agreed that the problem was solved, or until the family or family assistant moved away. This was the case even though family assistants were often unable to establish a teaching role.

One of the group workers' responsibilities was to review work with families and to advise continuation or termination of contact. In May, 1970 new group workers strongly urged family assistants to discontinue work with families where no further progress in home management seemed likely, either because of the type of problem the family had or the limitations of the family assistant's skill as a counselor or teacher. For example, some families whose major concern was drugs were dropped at this time. Repetitious service like

shopping for a family was discouraged.

Each part of the family assistant's service contact with a family had a corresponding report form. If they had all been filled out there would have been for each family a referral slip, a family information sheet, one or more visit reports, one or more reports on activity between visits, one or more reports by group workers covering supervisory visits on which they accompanied the family assistant, and a termination report.

These written reports, supplemented by occasional guided interviews with staff members, including family assistants, provided the data about families on which this discussion is based.

The experience with the project shows:

- (1) that identifiable differences in individual problem load exist among a low-income urban population;
- (2) that a family's receptivity to teaching efforts by an aide is directly related to freedom from numerous overwhelming problems;
- (3) that a great deal of time-consuming help with personal problems is necessary before a family with many problems takes a serious interest in home management education;
- (4) that help with money management, etc., is often interwoven with other problems so tightly that separating educational efforts from all other service is impractical;
- (5) that information about services provided by other agencies is often not enough to enable a family to make effective use of them; and
- (6) that supportive supervisory help is needed to enable the family assistant to make effective and efficient use of her skills.

Classification systems for services and problems have been developed. They are valuable because they fit the situation and can be used with nothing more than the information it was possible to obtain. There is no firm basis for generalization to other situations, but the typology developed and the relation between family problem load and services is consistent with other writers' expectations and ideas.

Recruiting and Interpreting Project Services

Recruiting of families proved to be a major task, which finally became the responsibility of the individual family assistants. At first, group workers approached families suggested by tenant organizations, a parents' group, and housing managers, offering the help of the project. But this approach got

little response except from a few families with many complicated problems. The project's service was subsequently offered in mailings, handbills, and public announcements, as well as interviews with representatives of organizations.

Finally, family assistants, usually working in pairs, went from door-to-door to explain the project and to find people who were willing to listen and then try the service. This type of recruiting was difficult for many family assistants even when prepared in role-playing sessions. Some had doors slammed in their faces, or not opened at all. This negative reception was less frequent after the initial period as the project became known, but was unpleasant throughout.

There were few referrals from other agencies, and some that came were the result of misunderstandings. Some thought the project was intended to provide housekeepers or domestic help. Contact with families was commonly made through personal acquaintance, word-of-mouth, and door knocking.

The result was that each family assistant interpreted the project's goals and indicated the limits of her service to each family. She offered "help" and to many family assistants and families "help" meant something more substantial than information. Perhaps inevitably the program became one of trying to cope with immediate, clearly recognized needs.

The ambivalence of many family assistants and some group workers toward the teaching part of their jobs and the ambiguity in stated project goals made it easy to develop a pattern of doing what was wanted by families willing to enter into a continuing one-to-one relationship.

In the early months family assistants said families they approached couldn't believe they were really giving all this service free. Families had been misled and exploited so often in the past that they were fearful of strangers. Some family assistants were persistent about going back until they were admitted if they knew a homemaker needed help, but others were timid. Women in the first group, particularly, felt much safer working with a partner and some did so for the full two years. A pin awarded at graduation helped identify family assistants, and a hand-out folder described the service.

It is quite reasonable to assume that many families who were approached were never entered in the project records since it was impossible to convince the service personnel of the value of negative data in establishing guidelines for future work.

Families Visited Only Once

About one-fifth of the families for whom reports were written were visited only once. Some records contained little more than a name and the only service mentioned was an explanation of the project. For some, the one visit reported is probably only one of several contacts because the service reported, such as a comparison shopping trip or finding an apartment, was too complicated to have been arranged and carried out in one contact.

With some of these families teaching of training course content was reported. But for most, the contact simply did not proceed beyond the one visit. The initial contact, including interpretation of the project, is a critical point in the relationship to which future projects should give more attention. The difficulty of finding another family to visit regularly was thought to contribute to some family assistants' reluctance to discontinue work with certain families who were not making good use of the time.

Apparently, the demographic characteristics of the one-visit families differed very little from those with whom contact was maintained. Not enough was known about them to permit classification by problem load. See Section III-C in this supplement for a more detailed discussion of one-visit families.

Implications

Arousing motivation to get families to participate in an educational program was a constant problem. This problem was not fully solved by the informal arrangements and the one-to-one approach to people in their own homes. This was not surprising, in view of all that is known about low-income families' attitude toward adult education. One-to-one contact by a neighbor was not by itself a solution.

QUANTITATIVE INDICATORS OF SERVICE

Families Contacted

Altogether 467 families were visited on a one-to-one basis. For this number of families names were recorded, and code numbers assigned. This is probably a conservative figure because the family assistants disliked record-keeping and saw no need to report all brief contacts.

The research staff prepared quarterly reports showing the number of families newly enrolled during the period, families terminated, and families carried forward to the next period. There were two peak periods in which families were added--May to September, 1969--when the first two groups of trainees began approaching families--and April to June, 1970, when the focus on the project was changing and work with some of the original families was discontinued.

The peak period for number of families receiving service was April to June, 1970. That was the period in which the fourth group of trainees completed training and started recruiting. The staff was also at full strength since it was before family assistants began to leave for other jobs. (See Table 1.) Over 80 additional families were reached through group demonstrations and workshops as shown in Table 1a. For further discussion of the project's work with groups see Section IV of this supplement.

Number of Visits Per Family

The total number of visits per family ranged from one to more than 50. (See Table 2.)

Twenty-five percent of all families were visited only once. (See Section III-C for details on one-visit families.) Some of these probably had more than one visit, as the activity reported would require some advance planning, but even so, there were many families who were not interested or for some reason decided not to make use of the service offered.

Over 5,000 visits were made to the 352 families visited more than once. The mean number of visits per family was 14.3 and the median 9.0 for the 352 families. When the one-visit families are included, the median number of visits was 5.5.

Duration of Contact

The duration of service contact in months ranged from one month (or less) to 23 months. Twenty-three months was the maximum possible duration for a family visited in May, 1969 and continuing until all visiting officially stopped March 31, 1971. (See Table 3.) Thirty-six percent of the families were visited for more than six months and have been designated as prolonged service families. These families have been studied as a sub-group. (See Section III-C in this supplement on families receiving prolonged service.)

The tendency for many family assistants seemed to be to continue to visit the same families rather than finding new families even though no particular progress was made. This appears to have been in part due to the difficulty of approaching new people and explaining the project.

For all families except one-visit families, the median duration of contact was 6.6 months. Among these families 48 percent were visited for more than six months. Neither number of visits or duration of contact gives the complete picture of the patterns that developed. Some of the families had regular weekly visits for such things as shopping for groceries or trips to the doctor. Others arranged to call the family assistant when they needed help, and the intervals between visits tended to be long. On the other hand, the records might show only one visit when a family assistant spent all day and most of a night searching the neighborhood for a disturbed senile lady, or nursing a sick baby hour after hour.

Reasons for Termination

For 63 percent of the families it was possible to determine the reason for termination, although termination reports were received for only 164 (36 percent). For 47 families, or 16 percent, the contact consisted of explanation of the project only. Almost one-third of the families were terminated only because the project was closing. More than one-quarter were terminated because the problem was solved. Other reasons given for termination were departure from the area, finding a job, death, and family not interested or service not appropriate. Five of the women contacted became family assistants themselves. (See Table 4.)

DEMOGRAPHIC DATA FOR FAMILIES CONTACTED

Classification Systems and Frequencies

One of the research problems was to try to find a way to record systematically the circumstances of the families reached by the project, the kinds of services given them, and the outcomes in terms of the kinds of changes anticipated in the project proposal. Systematic methods that permitted quantification and reasonable objectivity were developed for recording some of the data about the families and the types of services given.

These two variables, family data and type of service, did not take into account the variations from one family assistant to another. This latter factor may have been more important than any of the other variables in the process. However, as far as possible, the research staff used the data available to develop systematic ways of describing the families who were reached and the service given them. They were never successful in developing systematic descriptions of outcomes. Most of what can be said about the effect of the program on individual families is of an anecdotal nature. Problems and needs of families differed, so progress was an individual matter, not a uniform learning of a pre-determined lesson.

Demographic data were used when available. However, certain topics, particularly those having to do with income and occupation were taboo. Data on the following demographic classifications were obtained for a large number of families: life cycle, number in family, ethnic identification, residence, welfare status, male or female head and employment. The most useful demographic data for understanding services were the life cycle and ethnic identity.

The life cycle system for classification of families was one of the most significant for explaining service (Table 5). Enough information was available to classify 440 families on this basis. One-quarter of the families contacted were families with children in grade school and nearly a third had teenaged children. Elderly families, including grandparents bringing up young children, made up about a fifth of the families visited.

It became clear very early that the kind of service, the proportion of time spent in teaching as compared with other service, and topics of interest to a family depended largely on the family's stage in the life cycle.

("Family" throughout this report refers to the adult with whom the family assistant made most of her contacts. This was almost always a woman, whether she was head of the household or not. Most of the exceptions were elderly males living alone.)

On the basis of the first hundred families visited, the following classification system based on the life cycle was developed. Some of their distinguishing characteristics and their major problems are noted. These in turn led to a pattern of service which proved to be characteristic for each group.

Life Cycle Classification System

<u>Stage in Life Cycle</u>	<u>Characteristic Problems and Concerns</u>
1. Young, single adult	<ol style="list-style-type: none"> 1. establishing independence from their parents 2. job training and employment 3. drug use 4. behavior unacceptable to parents or community 5. finding house
2. Very young families - before first child or with preschool children only	<ol style="list-style-type: none"> 1. lack of knowledge and experience in home management and making use of community services 2. lack of knowledge of how to bring up babies 3. immature response to increased responsibility 4. impatience with lack of money, wanting everything at once 5. marriage problems
3. Parents with children in grade school	<ol style="list-style-type: none"> 1. bringing up children and providing for their protection, education, health and guidance 2. the man's job, earning a living 3. managing financial affairs with limited funds, especially for female-headed families
4. Parents with children in grade school and also teenagers	<ol style="list-style-type: none"> 1. same as for group 3 with additional problems concerning children's exposure to drug use and dropping out of school

<u>Stage in Life Cycle</u>	<u>Characteristic Problems and Concerns</u>
5. Mature or middle-aged families with teenage children still at home	<ol style="list-style-type: none"> 1. drug use by family members 2. parent-teenage child conflict 3. education problems of children 4. job problems 5. money management with teenage demands 6. housing needs 7. inadequate incomes
6. Grandparents bringing up young children	<ol style="list-style-type: none"> 1. generation gap 2. physical decline with added responsibilities 3. same as for parents in type 3 and 4
7. Adult families - mature, middle-aged and older families with children away from home	<ol style="list-style-type: none"> 1. physical handicaps, other disabilities 2. language barriers 3. unemployment
8. Elderly (60 and older)	<ol style="list-style-type: none"> 1. physical immobility and physical deterioration 2. lack of confidence 3. isolation and loneliness 4. language barrier 5. low income

This basic system for classification by life cycle proved to be useful throughout the project, although development of the typology by problem load later on enabled us to see differences among families within each stage of the life cycle. The study of the elderly includes the grandparents who were bringing up young children, and some of the mature but severely physically handicapped adults who otherwise would have been in group 7. The life cycle classification was therefore based more on life style than exact age difference alone.

The influence of the stage in the life cycle on service can be seen most clearly by comparing families having young children and elderly families. The needs and situations of the elderly and the services given by the project along with policy implications are described in Section III-C of this

supplement. In general, the elderly families were receptive to having family assistants visit, both regularly and frequently. However, personal service was the kind of help they received. Typically this took the form of shopping, helping with housework, translating and other help in the use of resources such as accompanying to clinics or finding housekeeping help.

A few family assistants were able to establish a teaching relationship with elderly persons, the teaching taking the form of showing the person how to prepare food for one and occasionally some other information about food buying or methods of doing housework more easily. Services to the elderly were examined because approximately one-fifth of the families visited were elderly and most of them continued to be visited for many months, thus taking up a substantial part of the total project time.

Although no comparable detailed study was made on the work with the young parents, there are some dramatic examples in the visit records. Some family assistants found that a young homemaker was willing to take advice from them but not from her own mother. One family assistant went to the clinic regularly with a young mother whose baby was very sick to be sure she heard and understood the doctor's instructions. The family assistant found the young mother did not listen carefully and was more likely to follow the advice of a neighbor or relative. The family assistant's concern for the baby's health apparently was the major drive. She helped the family follow the doctor's directions and explained them to the husband. Because she lived in the same building, she was even called upon at night in some emergencies. While some of the work with this family would be classified as personal service or expediting, these family assistants were making it a teaching experience also.

This example illustrates the difficulty in measuring outcome. Even if described quantitatively, the outcome would be hard to attribute exclusively to the treatment. In addition, there was little uniformity in treatment from one family or family assistant to another. In the example above, another team of family assistants might have gone to the clinic with the mother, helped her through the crisis with the baby, etc., without teaching the mother or realizing that teaching was an important part of the total task.

The number of persons in the family ranged from one to 12 (Table 6). The mean number was 3.9 and the median 3.6. Fourteen percent of the families consisted of more than six persons and 20 percent were lone individuals. Many of the persons living alone were elderly. Housing was often a critical problem for very large families; the housing projects could not accommodate them.

Ethnic differences made very little difference in either the family situation and need for service or the services given, with the exception of families who had so little command of English that they were unable to deal adequately with the health, welfare, housing, or commercial bureaucracies. This language difficulty permeated and often dominated the work with at least 72 families.

Only 27 (6 percent) of the families were white, a lower percent than expected (Table 7). Fifteen of these were elderly. Several others had one visit only and very little information was recorded. Five non-elderly whites were visited regularly by one white family assistant and were concerned about health and school problems. (The project's services to the elderly are described elsewhere in this supplement.) White elderly persons differed from other elderly chiefly in receiving social security payments instead of public assistance, but all were in similar financial and physical difficulties.

Residence. Fifty-one percent of all families served lived in the area around the housing projects (Table 8). The others were almost equally divided between Gowanus Houses and Wyckoff Gardens. Gowanus is a much bigger project than Wyckoff, and the two together account for no more than a fifth of the project area population. (See Maps 3 and 4 in the supplement, "The Project Area," which show the location of families and family assistants.)

Welfare status. More than half the families for whom data were available were currently receiving public assistance, either for part or all of their subsistence (Table 9).

Male or female head. Among the 432 families for whom information was available, about half (51 percent) had male heads, while 49 percent of the families were female headed (Table 10).

Employment status. Eighty-five percent of the male heads of households were employed, usually at a factory or service type job, and 16 of the wives were also employed (Table 11). About 12 percent of the female heads of households were employed. Some family assistants reported that women with jobs did not have time to see them during the family assistants' working hours.

PROBLEMS OF FAMILIES AND DEVELOPMENT OF PROBLEM LOAD TYPOLOGY

Another significant difference among families reached was in the problem load each one carried. The initial impression from the reports on the first summer's work was that most of the family assistants' energy was going into work with families who had numerous extremely complicated problems. As time went on, the family assistants worked with a greater variety of families. Community resistance to research led to an agreement that ruled out any professional interviewing on a scale that would permit systematic diagnostic classification of families' problems. The classification system that was developed was based on the problems mentioned in the family assistants' reports on routine visits or in summaries by group workers. A problem was counted even if it was mentioned only once; so this classification system does not indicate the severity or chronicity of problems.

At the end of the first year of service, the home management topics and problem areas which appeared in visit reports were grouped into a code in order to see systematically what topics were being discussed and what problem areas were most frequent.

The home management areas listed were: money management, shopping, food and nutrition, surplus foods, clothing, sewing, care of apartment, and child care.

The other problem areas were: school, health, housing, welfare, neighborhood problems, legal and consumer fraud, employment, language handicap, isolation or loneliness, and personal or confidential.

The analysis of the topics and problems was used in three ways.

- (1) It indicated the kinds of problems family assistants were working with at different times;
 - (2) it provided the basis for classifying individual families according to the problem-load typology which was developed;
 - (3) it provided a basis for considering service in relation to problems.
- The analysis also had implications for training, supervision, and future program planning.

Among homemaking topics, the most frequently mentioned were: care of apartment, shopping, and food and nutrition (Table 12). The family assistants

were likely to introduce homemaking topics whenever possible whether the family had a problem in the area or not.

The most frequently mentioned other problem areas were: health, welfare, personal or confidential, and housing (Table 13).

The change which occurred in May, 1970 from emphasis on help with problems to teaching is reflected in Table 14. Problem areas unrelated to home management were reported for families first contacted prior to May, 1970 more frequently than for families first contacted after that date. There are more references to home management areas after May, but this is not necessarily a significant difference between families, as even one mention, to try to rouse the family's interest, would be counted. The most important difference was that only four families with numerous problems were added after June 1, and none of these had prolonged service.

Problems in home management areas such as child care or caring for the apartment do not appear as "problems" in this tally, even for families who regarded them as problem areas. Nor was status ordinarily considered a problem. For instance, being elderly, or having an unusually large family, was not defined as a problem in itself. Similarly, being dependent on public assistance was not regarded as a problem. A "welfare problem" meant having difficulty in establishing eligibility for medicaid, delays in receiving checks, reductions in allowances, etc. Both the reports of frequency of problems for the group and the individual classifications are therefore based on problems over and above:

- (1) status (ethnic, economic, or life cycle);
- (2) acute problems of home management associated with low income;
- (3) unidentified problems such as drug use by a family member or marital problems, unless they were included under "personal or confidential";
- (4) or problems discussed but not recorded because of the second year focus on consumer education.

Problem Load Typology

In order to make systematic comparisons, all families except those visited only once were classified according to the number of problem areas reported for each one. The result was a simple three-level problem-load typology. Type 1 included families having zero to two problem areas; Type 2 included

families having three to four problem areas; and Type 3 included families having five or more problem areas.

Families having a deficiency in use of English severe enough to constitute a problem were called Type 4. Within this group there were families at each level of problem load. Parallel problem load levels for Type 4 were identified as 4-1, 4-2, and 4-3. This separate grouping was maintained because it was observed that even relatively simple problems, as well as learning to use resources, were enormously complicated by communications problems.

Classifications based on the written visit reports were made in Ithaca. Independent ratings were made by the research associate in South Brooklyn. Differences were reconciled by the research staff in Ithaca on the basis of the most detailed reports available.

There was sufficient data to classify the problem load for 345 families in this way, as shown in Table 15. Thirty-five percent fell in the light problem load group. Among the 72 with language problems there were more with a medium load and fewer with a light load. By this measure then, only 14 percent of the families were multiproblem families. This assumes families classified this way correspond to what other authors call multiproblem. Later tables will show that a disproportionate amount of time was spent on these families (if teaching is the major goal and criterion of appropriate use of time). Additional analysis by problem-load typology appears below.

Use of Problem-Load Typology

It was hoped that those classified as Type 3 could be compared with families classified by sociologists as "multiproblem" but this hope was never realized. To do so would have required extensive interviewing unrelated to service.

A second hope was to explore the idea that response to educational effort was related to problem load. Within the limits of the data's validity a consistent inverse relationship was observed.

A third idea to consider was that providing help with acute problems might provide an entree for later educational efforts. This proved to be true in some limited situations, as has been described in the discussions of families receiving service for six months or longer (Section III-C in this supplement). In general, the shift from service to teaching was more likely

to occur with a young family than an elderly family, with one not continuously preoccupied with deep-seated problems, and was likely to follow an intermittent pattern. Apparently, one of the necessary conditions was a family assistant who valued what she was able to teach. Another was a clear sense of direction from the supervisory staff.

In other words, it seemed appropriate:

- (1) to develop a basis for predicting responsiveness to adult educational efforts among a low-income urban population;
- (2) to determine what investment of other kinds of attention was needed to increase the responsiveness of those who were not receptive to initial approaches.

The data is not precise enough to support more than tentative generalizations, but the experience of this project is consistent with other studies and analyses. The writers cited in Section II all call attention to the differences among low-income families and the need to plan services accordingly. This is in keeping with the thinking underlying Maslow's¹ Hierarchy of Motives and Havighurst's² study of adult education and adult needs.

In general, the more stable, secure families were more responsive and showed more interest in the home management information which the family assistants were prepared to teach. Responsiveness is indicated by reports of more teaching activities on home management topics than other kinds of activities.

Differences Among Problem-Load Categories

Problems. There is a high incidence in all groups of the following specific problems: health, welfare, personal or confidential, and housing. But they are much more frequent for Type 3 problem-load families than they are for the other two groups (Table 16).

Demographic Characteristics of Families Classified by Problem Load

The characteristics generally associated with poverty were much more heavily concentrated in the families with the heaviest problem loads, although these characteristics were not the basis for arriving at the categorization.

¹Maslow, A. H. Motivation and Personality. New York: Harper & Bros., 1954.

²Havighurst, R. J. & Betty Orr. "Adult Education and Adult Needs," Research Report, Univ. of Chicago, Center for the Study for Liberal Education for Adults, 4319 Greenwood Ave., Chicago 15, Illinois, pamphlet, 79 pages, c. 1956.

Comparison of the three categories on the basis of life cycle, ethnic identity, and residence in Tables 17, 18, and 19 shows that there were more families with children and fewer elderly families in Type 1 than in Type 3 and the proportion of families of Puerto Rican origin is higher for Type 3. Families in Type 1 tended to live in the housing projects and the Type 3 families were much more likely to live in the surrounding area.

Life cycle. Elderly persons (including grandparents) made up 24 percent of all families classified according to problem typology (see Table 17). But the elderly made up only 15 percent of the Type 1 families, compared to 35 percent of Type 3 families. Life cycle stages predominating among Type 1 families were very young families and families with both young and teenage children.

Ethnic identity. The percentage of Puerto Ricans in Type 3 was higher than among all families and the percentage of black lower (Table 18). Puerto Ricans and other Spanish-speaking persons make up more than half of Type 1, also, but the percentage is higher in Type 3.

Residence. Seventy percent of Type 3 families were found outside the two public housing projects, compared with 44 percent of Type 1; 46 percent of Type 2; and 48 percent for all families classified (Table 19). It is significant to note that 67 percent of Type 3 families had a housing problem listed at least once, compared with 26 percent of Type 1 and 49 percent of Type 2 (Table 16).

Service Statistics for Families Classified by Problem Typology

Both the number of visits per family and duration of contact are much higher for the Type 3 families than the Type 1 families, indicating the enormous amount of time spent with the families with many problems. Type 3 families on the average got more than twice as many visits as families with fewer problems. At the same time, the kind of service for the families in Type 3 who were visited many times tended not to be teaching.

The volume of service given by problem typology in terms of number of visits and duration of contact in months are shown in Tables 20 and 21.

The mean number of visits for all families (excluding one-visit families) was 14.3. For Type 1 families, the mean was 8.4; for Type 2 it was 16.8; and for Type 3 it was 21.2. The figures for the median are similar.

Among Type 1 families, 37 percent were visited two to 14 times and only four percent were visited 30 or more times. Among Type 3, 37 percent were visited two to 14 times and 35 percent were visited 30 or more times.

Similarly, when duration of contact in months is examined, the median number of months for all families (excluding those visited only once) was 6.3. For Type 1, the median was 4.9; for Type 2, the median was 7.2; and for Type 3, 13.0 months.

A special study of families of all types with whom contact was maintained for more than six months appears later in this supplement (Section III-C). The prolonged service families include high percentages of the elderly, of those with language deficiencies, and of families with many problems. Examination of services to prolonged service families showed a preponderance of teaching for those in Type 1 and relatively little for Type 3. The same inverse relationship between proportion of time spent in teaching activities and problem load was found in a study of a sample of 75 families, reported later in this supplement (Section III-A).

BACKGROUND FOR DEVELOPMENT OF PROBLEM LOAD TYPOLOGY

Several writers have called attention to the importance for program planning of recognizing differences among low-income people and the fallacy of assuming that a program appropriate for some will be appropriate for all.

Herbert J. Gans (1) points out that few professionals in the "caretaking" and planning professions can distinguish between or within classes below the middle class, and consequently tend to lump together what he calls the "working class" and the "lower class". Gans found that distinctions based on life style were more useful than simple indicators such as occupation, income, or education. He identified four strata among the Italian-American residents of the West End of Boston: "the lower-lower class maladapted, the lower-class action seekers, the working-class routine seekers, and middle-class mobiles."

The most visible difference between classes is in family structure. "The working-class subculture is distinguished by the dominant role of the family circle." This is a somewhat wider group than the nuclear family. Everything outside the family circle is considered "either a means to its maintenance or its destruction." (1., p. 244) "The lower-class subculture is distinguished by the female-based family and the marginal male. . . . The woman tries to develop a stable routine in the midst of poverty and deprivation; the action-seeking man upsets it." (1., p. 245-246) The woman encourages her children to seek a routine way of life, thus coming closer to the working class in aspirations.

Attitudes toward education differ greatly from one subculture to another. The typical working class attitude toward education is that its "purpose is to learn techniques necessary to obtain the most lucrative type of work." In the lower class women seek education for their children as a means of moving upwards, but the men tend to reject education because "all of its aims are diametrically opposed to action-seeking." (1., p. 246)

"The middle class subculture is built around the nuclear family and its desire to make its way in the larger society. . . . Education is viewed and used as an important method for achieving (its) goals." (1., pp. 246-247)

Working class culture cannot be changed simply by presenting it with middle class services, Gans argues. He suggests developing programs around the "focal concerns" of working class and lower class people. He points out that "since the major aim of lower class women is to move their children into the working class, this ought also to be the goal of planning and caretaking. Such a goal will make it necessary for planners and caretakers to understand the working class subculture before they can offer much help to the lower class." (1., p. 272)

It seems very likely that the South Brooklyn project has included contacts with both lower class and working class families as described by Gans; however, the kind of data we have does not justify trying to classify families on this basis.

Another approach to classification within the low-income population is that of S. M. Miller (4). He points out that two alternative approaches to the definition of "lower class" are frequently mixed together. One emphasizes economic characteristics such as occupation or income. The other employs cultural or status criteria to delineate a particular "life style." Miller combines both approaches to produce a four-fold typology based on two variables: degree of economic stability, and degree of family stability. He calls the four resulting types the stable poor, the unstable, the copers, and the strained. There are variations within each of these groups, and there is movement from one group to another. An example would be an aging person with family stability who moves as a result of illness from economic security at a low level to economic insecurity.

In addition to defining these types Miller points out that different strategies or programs are needed to help people in different circumstances. He also introduces the concept of "elasticity," meaning that a relatively small input of a particular service may have very little

effect on one type of poor person but a very sizeable effect on another. "Some types of poor have high income elasticity --- a little change in income produces a big change in behavior; other types may have low income elasticity but high education elasticity or high casework elasticity." (4., p. 33)

Miller's ideas are stimulating and of great potential benefit for program planning. Their present usefulness is limited by the fact that he presents no evidence on which types of poor people are "elastic" and which are "inelastic" in their response to various types of program and service. One of the aims of our research was to investigate this question.

Another method of classifying families on the basis of problems was developed by the Greenleigh Associates in a 1965 study of 2,081 families living in blighted and substandard housing in Detroit and in public housing projects (2). Families were interviewed in depth by professional interviewers, and classifications were reviewed by field supervisors. Problems were reported in the areas of money and employment; physical and dental health; mental health; marriage and family relations; children and education; housing; aspirations; and "other" (including legal problems and social isolation). All household were classified into four problem-service categories with the following results:

<u>Category</u>	<u>Average number of problems per household</u>
1. Stable, well-functioning households	2.3
2. Households with minimal social, economic or physical problems	4.9
3. Households with multiple and complex problems	7.5
4. Households with severe, complex problems or pathologies requiring long-term service, extensive and intensive.	11.8

(2., p. 99)

Classification One: stable and well-functioning households with no serious problems of an economic, social or physical nature, and not requiring ameliorative or rehabilitative services.

Classification Two: households with minimal social, economic or physical problems that appear to require some services or referral, but are not in dire need.

Classification Three: households with multiple and complex economic, social and physical problems which are serious and require long-term and/or intensive services.

Classification Four: households whose problems are so severe, chronic or pathological, that functioning is impaired to the extent that extensive and intensive services are needed over a long period of time.

These classifications were based largely on qualitative factors and were subject to the professional judgment, insights, and diagnostic skill of the case analysts who made the initial classification. Reliability of the classifications was further enhanced by introducing multiple judgments in that the field supervisors reviewed every case in discussion with case analysts before final classification was made. (2., p. viii)

This study is said to be the first large scale, in-depth investigation of the needs and problems of a low-income population in a large urban community. A second study conducted at the same time concentrated on services needed. The classification of families by number and type of problems is fairly objective, and extremely relevant from the point of view of an agency concerned with offering services to these families. The Cornell-OEO Project used this general approach to classification of families, but in a less systematic way than Greenleigh Associates. Our agreement with OEO prohibited the employment of professional interviewers or any systematic survey of family needs prior to the offering of services.

A study at Howard University (3) showed important differences in responsiveness to an educational program among different socio-economic groups within a low-income Negro population. Groups of children for an experimental pre-school program were drawn from low-income census tracts and carefully matched with control group children on a number of socio-economic characteristics. In the final analysis it turned out that two

items, years of education of a child's mother and the person-to-room ratio in a household, served as well as the entire battery of indices to differentiate among social class level within this low-income population. Children from the upper level responded much more rapidly than others to the pre-school program, although the test scores and other indicators of progress for all groups reached about the same level by the end of the second year.

Neither of the two most useful measures of socio-economic status in the Howard project were available to the Cornell-OEO research group, because we were limited to data that could be gathered by the family assistants and which they were willing to gather on a systematic basis. In practice this meant that we were limited to data that the family assistants could be persuaded were relevant to their own work with project families. The person-to-room ratio is also not a good measure for differentiating among families living in public housing projects, because the amount of crowding is limited by Housing Authority policy.

A 1965 publication of the Federal Extension Service presents conclusions and program recommendations based on the accumulated experience of extension home economists in working with low-income families. The starting point for analysis is the sort of program usually found to be successful with middle class extension audiences. Such a program has four major characteristics: "Group learning (May be impersonal); Emphasis on subject-matter; Leadership encouraged or required; Abstract, subtle, indirect approach" (6., p. 7) The authors contrast this approach with that recommended for a "low socio-economic audience": "Individual and personal contacts (warm and friendly); Build confidence (homemaker does a small task and succeeds); Develop pride (homemaker achieves satisfaction by cleaning house or improving personal appearance); Homemaker learns to be comfortable with and relate to others; Assertive, specific, direct approach" (6, p. 7).

The Federal Extension Service authors warn program planners against assuming that all or even most families in low-income areas are part of what they call the "low socio-economic audience." Instead, they write:

There are generally three broad classifications of low-income families. One group includes families with social characteristics of middle-income families, whose incomes are now low. Regular programs and subject matter may frequently be adapted to fit their needs. Families might include elderly couples on pensions, young students, widows, or families with the head temporarily unemployed.

A second group includes families who now have fairly adequate income but need knowledge in managing it and in creating a better way of living....Many such families will be living in public housing, tenant housing, and marginal areas. Some of these participate in small church or settlement house activities and can be reached through these institutions.

Another group of low-income families is often found living in a slum, with low living standards, little education, and different cultural values...The ignorance of these low-income families makes them easy prey for unscrupulous businesses and salesmen. They are often trapped in feelings of despair and defeat. Many of them do not realize or believe it is possible to control their fate and certainly do not think of education as a means of improving their situation. (6, p. 4)

The third group is the one for which the authors feel it is most essential to use a different programming approach from that of traditional cooperative extension work. Unfortunately they do not provide any objective criteria for identifying such families.

A report from the Family Life Education Center of the Toledo Public Schools (5) also emphasizes the importance of different programming approaches for different types of low-income families. Reulein states the objective of the Center's homemaking programs in the following terms:

Our two homemaking programs are designed for the disadvantaged and are based on the premise that through education an inadequate homemaker can acquire skills and abilities to help her function more competently. We see the developing of skills, important as they are, as a means to an end rather than an end in themselves. Our underlying purpose is to help the homemaker become more competent so that she may develop a more positive self-image. The increased abilities and her better self-esteem make for better interpersonal relationships in her family and in the community. (5., p. 2)

Two different approaches are used, based on the characteristics of two different types of low-income homemaker:

It is our conviction that there is a need for two approaches: (1) a one-to-one relationship with those homemakers who are too badly damaged to come into a group until they have received special help, and (2) small groups or classes for those who with some encouragement can participate in and benefit from being together as they learn. (5., p. 3)

The first group is very similar to the third group described by the Federal Extension Service authors previously quoted. Help is given by a "connector" -- a paraprofessional worker similar in background and training to the family assistants in the Cornell-OEO Project.

The term 'connector' is given to the non-professional who connects the school with the home. She has been carefully selected, is given considerable pre-service training and continuing in-service training as she works on a part-time basis....A connector helps the mother with meal planning and preparation -- shopping lists, getting her used to food stamps and how to use them -- encourages her to prepare hot breakfasts, well-balanced meals, etc. She may take her to the thrift shop operated by the mothers' club and sponsored by the A.A.U.W. primarily for the benefit of our homemaking program.... The connector may literally take the homemaker by the hand to the health clinic, or the Family Court Center, or to the school principal. In other words, she acts as a friend who cares, who cares enough to work with her until she is able to help herself. (5., p. 3)

The other homemaking program of the Family Life Education Center is designed to serve families similar to the second group described in the Federal Extension Service bulletin. The approach is primarily one of education in small groups. "The Home Living Program is based on the same premise (as the one just described), but is in conjunction with the housing projects and, in general, the homemakers are not in such despair." The supervisor of this program has found many ways of motivating families to acquire fundamental skills as an indirect way to help them develop a more positive self-image and a more meaningful or satisfying life.

The Toledo Family Life Education Center has not had to develop systematic criteria for classifying low-income families, or for making decisions about what type of program should be recommended for a particular homemaker. The reason for this is that the two different programs described by Reulein are administratively independent: The first program is associated with the public school system, and families are referred by school personnel on the basis of their estimates of the inadequacy of the home situation; while the second program is associated with several public housing projects, and families are recruited for it in much the same way as for other adult education programs. It seems likely that families can also be found in public housing projects who cannot respond to a group approach, and for whom individual counseling and assistance are essential if they are to make any progress with their problems. This was certainly the experience of the Cornell-OEO Program.

FOOTNOTES

1. Gans, H. J. The urban villagers - Group and class in the life of Italian-Americans. New York: The Free Press and London: Collier-Macmillan Limited.
2. Greenleigh Associates, Inc. Home interview study of low-income households in Detroit, Michigan. February, 1965.
3. Kraft, I., Fuschillo, J., & Herzog, E. Prelude to school - An evaluation of an inner-city preschool program. Children's Bureau Research Reports No. 3, U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, 1968.
4. Miller, S. M. The American lower classes: A typological approach. In Shostak, A. B. & Gomberg, W. (Eds.) New perspectives on poverty. Englewood Cliffs, N.J.: Prentice-Hall, 1965.
5. Reulein, Pauline B. Family life education in the community - adult education. National Workshop: Family Life Education Re-Examined: Action for the 70's. In On the Extension Line, June, 1971.
6. Rouls, J. (Ed.) Training home economics program assistants to work with low income families. U.S. Department of Agriculture, Federal Extension Service, PA-681, November, 1965.

SERVICE TO FAMILIES

The role of the family assistant pictured in the project proposal was that of teaching homemaker, as distinguished from the substitute homemaker or the home health aide employed in many other projects. In addition to teaching, the family assistant was expected to give some service. This service function was seen as primarily giving information about available resources, along with the moral support that is to be derived from a sympathetic one-to-one relationship. Over the course of the project the family assistants took on a number of other roles, but work with families on a one-to-one basis was the role most carefully recorded from beginning to end. This is the part of the total role included in this classification system.

Within the one-to-one relationship there were two major departures from the original teaching role. The first was in the direction of personal service and the second in the direction of aiding families to secure the help of agencies. The last type of aid was eventually classified into three different kinds of expediting. Other projects have had similar experience and have had to decide whether to expand their original definition of service in their own area of specialty or to try to hold the aides to the original definitions to avoid dissipation of time and energy.

Classification System and Examples

The following code for services performed by family assistants was used consistently during the final year of the project.

- 1 - Teaching - explaining, demonstrating, comparison shopping
- 2 - Personal service - doing something for a family (not a demonstration), like washing dishes or shopping for the family
- 3 - Expediting, helping and interpreting - may include personal service which enables a person to use resources such as baby-sitting or translating
- 4 - Expediting, educative - informing families of resources available and procedures for using them, making appointments, or filling out applications.

- 5 - Expediting, intervention - efforts made when routine procedures do not work. It includes interceding with agencies, merchants, or landlords in an advocate role
- 6 - Moral support and counseling
- 7 - Other - (This miscellaneous category was not actually used in the data analysis)
- 8 - Explanation of project services only
- 9 - Problem indicated - no information what was done

Because of the major interest of the college in extension teaching, and the stated goals of the project, records were read with particular care to find evidence of teaching efforts, both successful and unsuccessful. Responsiveness to teaching was inferred when a teaching topic was mentioned several times for the same family. The majority of the family assistants went through the home management topics with most families at least once, but only those that roused some interest were likely to be repeated. Family assistants were often reluctant to claim that they were teachers, but "showed her how to . . ." or "took her shopping for . . ." was considered teaching.

Most written reports were brief; so when classifying data, the family assistants were given the benefit of the doubt. Many simple activities were therefore counted as teaching. The following examples of plans for teaching of budgeting and home decoration show the kind of planning that sometimes went into a service. The evidence on the form might appear as no more than a word or two on a check list. In an interview with a family assistant with several months experience, a family assistant described a homemaker.

Her problem is budgeting and decorating. She wants to do something about her home so this will be a long operation because we are going to see how we can save to do this and that . . . I have explained to her that I will make some draperies for the windows later on when we get some material, but there are so many more little things that come before this. We learned how to make a lot of low-cost recipes which will make her food bill a little cheaper and after a month or so we will be able to save something. Every week now I go shopping with her. We wait until my husband comes and together we go and we do better because I can say, "I think this is a better buy. Alright, this may be more than we need but if we get this we won't have to buy this for a whole month." You know we figure it out like that. (Interview in Brooklyn, November 7, 1969)

Comparison shopping was a teaching activity that was frequently mentioned in visit reports.

The shopping example that follows was reported by the same family assistant interviewed above. At this point in the project she and her partner had many families on their list but had not been reporting many visits. They had become deeply committed to a young family with a desperately sick child. The urgency of this situation had made them fall behind in visits to their other families.

We have a few families waiting that we haven't been able to get to yet. They are waiting for a decoration. I have been shopping. One night we spent from five till nine in three stores downtown. We were trying to find which were the best ones for rugs because she wants to get a good carpet. She ended up getting it from (name omitted) which we thought wouldn't be the best buy but we found that (same store) had the best buy and she ended up getting it there. The other thing she wants us to help her with is comparison shopping. I went with her once but that isn't half enough because she is very young. I haven't had a chance to go back with her but we will get around to that.

An interview produced an example of a contact which was brief and was never an officially recorded family.

I went comparison shopping (with acquaintances) because they knew we were in the program and they wanted to buy furniture. So I went twice. That was not a family I was working with. It was just someone that knows that I am in the program and the training we have had.

Another comment on contacts that are not recorded follows.

We haven't been able to work with (some of the people) on what they would like us to work with them on because a lot of them want interior decorating, have a limited budget and want to do something with the apartment. But we haven't had time to go into that because that would entail going to stores and comparing prices and seeing what they could afford. So we have been seeing them. You meet them and you talk to them and you explain, "I'll try to get you in sometime," but you don't put that down. We are in contact with these people constantly but we are not going to the store with them, so we don't count them. (Interview in Brooklyn, November 7, 1969)

For a family assistant who was alert to teaching opportunities, the request for help with comparison shopping was an opportunity for teaching both budgeting and decoration.

A frequent request toward the end of the first year was for recipes for the use of surplus foods. Other types of teaching included use of

storage space, sewing, easier ways to clean the house, planning and preparing meals, and how to care for a baby -- especially a sick baby.

Family assistants indicated in training and inservice training sessions that they felt unsure of themselves in the teaching role and needed help with techniques as well as content. Their problem was summarized toward the end of the project by one of the supervisory staff.

One thing that I didn't consider was that family assistants viewed themselves in some sense as families and they had a terribly difficult time in terms of beginning to fulfill the role of paraprofessional. They had a problem in beginning to transmit this kind of information to other families.

The services classified as personal service included cleaning the apartment or equipment, preparing a meal, or shopping on a repetitive basis which did not include teaching. For the elderly and handicapped person these were important services but not necessarily appropriate for the family assistants to give over and over again. There were other personal services which apparently meant a great deal to an elderly person, such as writing a letter for him, reading to him, caring for an old lady's hair, or simply stopping in regularly to see if she was all right. For younger families personal service might be distributing used clothes for children, or baby-sitting or escorting not related to expediting.

Expediting of the first type, helping and interpreting, was separated from personal services in order to identify service that really enabled people to make use of other agencies. Some examples were baby-sitting for a mother who needed to go to the clinic, accompanying a mother with several children, carrying a child wearing heavy braces, or acting as Spanish-English translator at an agency handling housing complaints. These activities were different in purpose and more appropriate for family assistants to provide than the repetitious housekeeper or domestic type of service. These examples illustrate the fact that to provide knowledge about available agencies was not enough for many families.

During the second year of the project there was less of this type of service since the project administration felt dependencies had developed. Family assistants were urged whenever possible to encourage the families to make their own arrangements. The family assistants continued to provide basic information on agency services.

A second type of expediting included giving information about the existence of service, rules of eligibility and procedures for obtaining help. Many, many hours were spent in trying to locate specialized services for people with various handicaps. Going with the person to help him file an application frequently was necessary. Once that was done, going back repeatedly was usually not necessary. As family assistants became more familiar with the rules of the various agencies they developed more skill as expeditors. For example, they gradually learned some of the rules of the Social Services Department and found out how to get authorization for a housekeeper for an elderly or ill family. They also learned that it was sometimes necessary to actually locate a person willing to take the job when the Social Services Department had no one to send in. This coordinating led to a whole series of problems when there was dissatisfaction between the family and the housekeeper. Occasionally the family assistants took on the task of helping the housekeeper with shopping or meal planning. Spanish-speaking families often lacked basic information about agencies -- such as availabilities of clinics. In other families, it was not so much lack of knowledge of the existence of an agency that kept them away as past experiences with long waits, indifference, and inability to obtain help.

Expediting in the sense of intervention was a type of activity that for some family assistants "came naturally." They apparently found success in this activity very gratifying. It became clear during the first summer that simply knowing about an agency and getting the needy person there did not necessarily mean that service could be obtained.

The family assistants found that their intervention in the name of the Cornell-OEO Project succeeded in getting more rapid attention and sometimes in gaining access to service the family would not otherwise have obtained. As might be expected, this in turn created some resentment on the part of other people waiting for attention in a big agency.

When the family assistants made presentations on the campus, they tended to stress reports on this type of service, in which they had been able to get help for their clients which they felt the agency had been reluctant to give. It is possible that the family assistants' pressure on agencies and their satisfaction in extracting services may partially account for the lack of referrals from other agencies to the Cornell-OEO Project. The experiences reported and classified under all three types of expediting

illustrate the frustration both the families and the family assistants have felt in dealing with bureaucracy. Firsthand reports on these experiences contributed to the staff's understanding of what is meant by the phrase, "difficulties in the delivery of services." The need for this type of service has been widely recognized, and different approaches to providing it have been attempted.^{1, 2}

For the research staff, it was enlightening to realize that the standard interpretation by the family assistants seemed to be that various other agencies were deliberately trying to withhold services. In contrast, the assumption of the professionals in Ithaca was that the other service institutions were as ready as the college to extend services if the contact with a client could only be made. Approximately half of the family assistants were partially dependent on public assistance and had had their own problems in dealing with the bureaucracy. Their personal experiences were mentioned from time to time and apparently made the family assistants very ready to sympathize with the difficulties of the families they were trying to help.

Frequency of Different Types of Service

During the first year, expediting of all kinds was the type of service most frequently reported and regarded as most valuable by family assistants and the families they worked with. This was one of the findings in Mrs. Konan's interviews in April, 1960, and is confirmed by visit reports.

Visit reports for 268 families contacted from May, 1960 through May, 1970 were analyzed in June, 1970 (Table 22). During that period expediting was the major focus of the family assistants' role for 68 percent of the families served (181 out of 268 families). Teaching was performed for 92 families or 34 percent. Personal service and moral support accounted for 12 and 13 percent respectively. After the change in emphasis, in the spring of 1970, back to consumer education and home management, expediting, personal service, and moral support continued to be important services for certain families, particularly the elderly, but teaching assumed a more important role.

¹Hallowitz, Emanuel. "The Expanding Role of the Neighborhood Service Center," in Frank Riessman and Hermione L. Popper (Eds.), Up From Poverty, New York: Harper and Row, 1968, pp. 92-105.

²Kahn, A. J. "Perspectives on Access to Social Services." Social Work, 15, (2), pp. 95-101.

For the 352 families visited more than once during the 23 months of home visiting, teaching was reported at least once for 72 percent (Table 23). Teaching was performed more than or equal to any other service for almost half of the families (46 percent). For another 26 percent, teaching was done but was subordinate to other services. The remaining 28 percent had no teaching mentioned.

The type of service given was related to the problem load of the family, as will be shown in discussions of the sample of 75 families analyzed at the end of the project. (Section III-A) Teaching was far more likely to occur with families with relatively light problem loads. The same point is made in discussion of the prolonged service families in Section III-C text and Table 15.

Differences Among Family Assistants

There were great differences from one family assistant to another with respect to the types of service they performed. The choice of family, the mutual decision to continue the relationship, the perception of the family's problems, and the ability to see ways in which the family assistants' skill and knowledge could be applied to the individual family situations were all factors. Family needs differed so much that it is not appropriate to compare one family assistant's work with another without taking into account the kinds of families they were seeing. Difference in ability to report the type of service carried out was also a factor. For whatever reason, some family assistants consistently found some basis for teaching with most of their families, or selected families interested in what they had to teach, while others did not. During the first year when everyone valued expediting most highly, the range among family assistants was from 0 to 93 percent for the percent of their families for whom teaching was a major service. The average was 39 percent. During the second year the percent ranged from 0 to 100, with five family assistants reporting teaching with 100 percent of their families. The average was 52.7 percent. Comparable figures for personal service, expediting, and moral support show a decline.

Personal service also varied from one family assistant to another. Twelve family assistants reported none, while two reported it for half their families and the others were in between, with little change from one year to the next.

Expediting was reported for at least one family by all but four family assistants, all of whom were in the last group trained. The average percent of families for whom expediting of all kinds was done dropped from 65 percent the first year to 29 percent the second year. This was in line with the policy of emphasizing consumer education and home management the second year, but not in line with the family assistants' view of their most valuable service.

Moral support was a less precise category than the others and was used for discussion of problems nobody could do anything about or just being there and indicating concern. In terms of coding, it was not a catch-all category; there was a residual code number for occasions when the topic or problem was indicated but there was no way to tell what the family assistant did. The average percentage of families for whom moral support was reported was almost the same (about 13 percent), for both the first and second years.

Classification of services was done by the Ithaca staff for the sake of consistency, although there was a space on the family visit report where the family assistant or group worker could suggest the appropriate classification. The four services listed above were the ones accounting for most of the family assistants' services. The residual category for unclassified assistance was more frequently reported than any other.

The figures above are based on services that were a major part of the family assistant's work with a family, not services mentioned at least once. "Major" in this case means "mentioned as many times as or more than any other classifiable service for that family." Most visit reports mentioned more than one topic and more than one type of activity.

Conclusion

We have shown that expediting of all kinds was an important part of the family assistants' role. Group workers were asked to include in the termination report for each family the names of other agencies the family was in touch with. This does not necessarily mean a referral either to or from the project. In the next section there is a list of agencies mentioned in these reports.

SERVICE INVOLVING COMMUNITY AGENCIES AND ORGANIZATIONS

The early project activity of the family assistants included considerable work involving expediting and intervention with existing agencies and organizations. This took many forms. Sometimes it meant making a phone call to arrange appointments or getting clarification of the agency's policy and procedures. Other times the family assistant baby-sat while parents visited an agency. On occasion a different relationship developed that entailed going to the agency with a person and helping him deal with the forms or questions.

To a great extent, the rationale was to help people make maximum use of facilities. Some Spanish-speaking families may not have been aware of the existence of the agency or were unable to communicate with agency personnel if they made the trip.

The list accompanying this section shows the wide range of agencies and organizations contacted on behalf of individual families. Sometimes several different agencies were contacted because of the differing needs of individual members of the family. The agencies dealt with the entire range of human problems and concerns including those relating to income such as social security, welfare, and the employment bureau. Other organizations were concerned with health services, housing, legal services, education, consumer protection, drugs, and youth.

Termination reports summarizing the work with families were analyzed to determine the number of agencies contacted by the family assistants on behalf of these families. Analysis showed that no agencies or organizations were mentioned in approximately one-third of the reports. In another third one agency was reported. Two or more agencies were cited in the remaining reports.

It is safe to consider these are conservative figures for the termination reports were turned in for less than half of the families seen more than once by project staff.

Contact with Other Agencies by Family AssistantsNo. of FamiliesWelfare, Social Security, etc.

115

Dept. Social Services	62
Medicaid	23
Social Security	12
DAB	10
Veteran's Administration	3
Unemployment Bureau	1
Credit Union for Servicemen	1
Child Welfare Bureau	1
WINS (Welfare Incentive)	2

Health Services

62

Red Hook Health Center (or Baltic St. Health Station)	18
Centro Medico (or Smith Street Medical Center)	2
Red Cross	1
Home for Aged	2
Wyckoff Health Station	1
Planned Parenthood	1
HIP Clinic	1
Hospitals	20
Long Island College (9)	
Cumberland (3)	
Methodist (2)	
St. Giles (1)	
Bellevue (1)	
Kings County (1)	
St. Charles Clinic (1)	
Unspecified (2)	
Doctors and Clinics (unspecified)	16

Housing

34

N. Y. Housing Authority	13
DARE	10
Mayor's Task Force	4
Project Rescue	2
Housing projects	4
Dept. of Relocation Mgt.	1

		<u>No. of Families</u>
<u>Legal Services</u>		14
Legal Aid	6	
Fort Greene Neighborhood Law	1	
N. Y. Bar Association	2	
Family Court	3	
Domestic Relations Court	1	
Probation Officer	1	
<u>Education</u>		12
Urban Center	2	
Board of Education	1	
Parent's Lounge	1	
National Scholarship	1	
Educational Incentive	1	
New School Social Research	1	
YMCA	1	
YWCA	1	
Headstart	2	
SEEL (College Ed.)	1	
<u>Neighborhood</u>		10
St. Vincent de Paul	4	
Salvation Army	2	
Cuyler-Warren	1	
Warren St.	1	
CPC	1	
Greater N.Y. Council	1	
Colony House	1	
<u>Consumer Protection</u>		4
Better Business Bureau	2	
Bureau Fraud and Protection	1	
Consumer Affairs Dept.	1	
<u>Youth</u>		4
Child Care Center	1	
Youth Board	1	
CYO	1	
Fresh Air Fund	1	
<u>Drugs</u>		1
AWARE	1	

Table 1 - Frequency and Percentage Distribution of Families Visited
By Cornell-CEO Project and Number of Group Sessions According to Reporting Period

Reporting Period	Families For Whom Initial Contact Was Reported During Period		Total Families For Whom Visits Were Reported During Period*		Work With Groups** No. of Sessions
	No.	%	Number		
May - Sept. 1969	147	31	133	-	-
Oct. - Dec. 1969	61	13	145	-	-
Jan. - March 1970	79	17	191	2	2
Apr. - June 1970	107	23	229	12	12
July - Sept. 1970	40	9	208	12	12
Oct. - Dec. 1970	26	6	191	75	75
Jan. - March 1971	7	1	131	11	11
Total	467	100		112	

*Service was counted only if written visit reports were received. These figures are therefore conservative.

**Project work with informal groups may have reached as many as 50 different people and there were at least 47 different people who attended the workshops, 34 of whom had never been visited on a one-to-one basis.

Table 1-a - Project Work With Groups

Reporting Period	Informal Groups				Workshops*			
	Food Demonstrations		Sewing Classes		No. Sessions		Average Attendance	
	No. Sessions	Average Attendance	No. Sessions	Average Attendance	No. Sessions	Average Attendance	No. Sessions	Average Attendance
May - Sept. 1969	-	-	-	-	-	-	-	-
Oct. - Dec. 1969	-	-	-	-	-	-	-	-
Jan. - March 1970	-	-	2	10	-	-	-	-
Apr. - June 1970	11	8	1	10	-	-	-	-
July - Sept. 1970	12	6	-	-	-	-	-	-
Oct. - Dec. 1970	19	8	-	-	56	10	2-23	-
Jan. - March 1971	1	8	10	7	-	-	-	-
Total	43		13		56			

* Workshops	No. Sessions	Average No. Attending	Range
Sewing - a.m.	16	3	2-5
Sewing - p.m.	15	12	2-14
Cooking	5	17	11-23
Home Decorating	20	4	2-6
Total	56		2-23

Table 2

Frequency and Percentage Distribution of Families
According to Number of Visits

Number of Visits	All Families		Total number of visits for 352 families = 5033
	No.	%	
1	115	25	Mean (excl. one-visit only) = 14.3
2 - 5	117	25	
6 - 9	68	15	Median (excl. one-visit) = 9.0
10 - 14	45	9	
15 - 19	38	8	Half of families had more than five visits
20 - 29	31	7	
30 - 39	32	7	
40 - 49	7	1	
50 +	14	3	
Total	467	100	

Table 3

Frequency and Percentage Distribution of Families
According to Duration of Contact

Duration of Contact No. of Months	All Families		36 percent of families were visited for more than 6 months; 17 percent for more than a year
	No.	%	
1	140	30	Median = 6.6 months (excl. 115 one- visit families)
2 - 6	159	34	
7 - 12	91	19	48 percent of all families visited more than once were visited for more than 6 months
13 - 18	60	13	
19 - 23	17	4	
Total	467	100	

Table 4

Frequency and Percentage Distribution of Families
According to Reason for Termination

<u>Reason for Termination</u>	<u>All Families</u>	
	<u>No.</u>	<u>%</u>
1 Problem solved	47	24
2 Temporary absence	6	3
3 Permanent departure from area	19	10
4 Family not interested	5	2
5 Service needed not appropriate	4	2
6 Long-term contact - little progress	4	2
7 Other	20	10
a. Death (4)		
b. Moved to institution (3)		
c. Took job (8)		
d. Became family assistant (5)		
8 Project closing	95	47
Total	200	100
No explanation.	152	
One visit only	115	

Table 5

Frequency and Percentage Distribution of Families
According to Stage in Family Life Cycle

<u>Family Life Cycle</u>	<u>All Families</u>	
	<u>No.</u>	<u>%</u>
1 Single young adults	14	3
2 Very young families	63	14
3 Families with children in grade school	109	25
4 Families with both young children and teenagers	75	17
5 Middle-aged parents with teenaged children at home	56	13
6 Grandparents bringing up young children	7	2
7 Adult families	30	7
8 Elderly families	86	19
Total	440	100
No information	27	
Total listed on register	467	

Table 6

Frequency and Percentage Distribution of Families
According to Number in Family

<u>Number in Family</u>	<u>All Families</u>	
	<u>No.</u>	<u>%</u>
1	86	20
2	67	15
3 - 4	118	28
5 - 6	99	23
7 - 8	38	9
9 - 10	17	4
11 +	5	1
Total	430	100
No information	37	
Mean	3.9	
Median	3.6	

Table 7

Frequency and Percentage Distribution of Families
According to Ethnic Group

<u>Ethnic Group</u>	<u>All Families</u>	
	<u>No.</u>	<u>%</u>
Puerto Rican	234	50
Other Spanish-speaking	32	7
Black	170	36
White	27	6
Other (Arab, Japanese)	4	1
Total	467	100

Table 8

Frequency and Percentage Distribution of Families
According to Residence

<u>Residence</u>	<u>All Families</u>	
	<u>No.</u>	<u>%</u>
Wyckoff	112	24
Gowanus	116	25
Area	239	51
Total	467	100

Table 9

Frequency and Percentage Distribution of Families
According to Welfare Status

<u>Receive Welfare</u>	<u>All Families</u>	
	<u>No.</u>	<u>%</u>
Yes	220	54
No	<u>186</u>	<u>46</u>
Total	406	100
No information	61	

Table 10

Frequency and Percentage Distribution of Families
According to Head of Household

<u>Head of Household</u>	<u>All Families</u>	
	<u>No.</u>	<u>%</u>
Male	221	51
Female	<u>211</u>	<u>49</u>
Total	432	100
No information	35	

Table 11

Frequency and Percentage Distribution of Families
According to Employment Status for Male-Headed Households

<u>Employment Status</u>	<u>All Families*</u>	
	<u>No.</u>	<u>%</u>
Husband employed	135	76
Both husband and wife employed	16	9
Neither employed	<u>27</u>	<u>15</u>
Total	178	100
No male head	211**	
No information	43	

* 42 percent of all families have some member employed.

** 25 of the female heads were employed (12 percent).

Table 12

Rank Order Listing of Problems Related to Home Economics
for 345 Families Visited More Than Once

	<u>Number</u>	<u>Percent</u>
Care of apartment	249	72
Shopping	238	69
Food and nutrition	233	68
Sewing	179	52
Child care	179	52
Money management	159	46
Clothing	155	45
Surplus foods	127	37

Table 13

Rank Order Listing of Problems Not Related to Home Economics
for 345 Families Visited More Than Once

	<u>Number</u>	<u>Percent</u>
Health	255	74
Welfare	198	57
Personal or confidential	168	49
Housing	151	44
Employment	111	32
Legal and consumer fraud	82	24
School	81	23
Language	78	22
Neighborhood	64	18
Isolation or loneliness	53	15

Table 14

Comparison of Families Contacted in the First Year of the
Project with Those Contacted the Second Year According to
Problem Areas Mentioned at Least Once

<u>Home Economics Related Topics</u>	<u>Families First Contacted</u>			
	<u>May 1969 - April 1970</u>		<u>May 1970 - March 1971</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
	(N=215)		(N=130)	
Money management	101	47	58	45
Shopping	143	66	95	73
Food and nutrition	131	61	102	78
Surplus foods	78	36	49	38
Clothing	97	45	58	45
Sewing	106	49	73	56
Care of apartment	150	70	99	76
Child care	109	51	70	54
<u>Other Problem Areas</u>				
School	57	26	24	18
Health	166	77	89	68
Housing	102	47	49	38
Welfare	130	60	68	52
Neighborhood	42	20	22	17
Legal and consumer fraud	60	28	22	17
Employment	72	34	39	30
Language	57	26	21	16
Isolation or loneliness	36	17	17	13
Personal or confidential	105	49	63	48

Table 15

Frequency and Percentage Distribution of Families
According to Problem Typology

<u>Problem Typology</u>	<u>All Families</u>					
	<u>No Language Problem</u>		<u>Language Problem</u>		<u>Total</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
1	104	38	17	23	121	35
2	132	48	43	60	175	51
3	37	14	12	17	49	14
Total	273	100	72	100	345	100
Not classified					122*	

21 percent were classified as language problems.

* Almost all of these were visited only once or twice.

Table 16

Percentage of Families for Whom Each Problem Area
was Mentioned at Least Once, By Problem Typology

Problem Area	Problem Typology			Total
	1 (N=121)	2 (N=175)	3 (N=49)	
<u>Home economics related:</u>				
Money management	35	51	55	46
Shopping	68	70	67	69
Food and nutrition	63	71	65	68
Surplus foods	30	42	35	37
Clothing	39	46	55	45
Sewing	54	53	43	52
Care of apartment	69	74	74	72
Child care	43	58	53	52
Mean number of topics	4.0	4.7	4.5	4.4
<u>Other Problem Areas</u>				
School	12	30	29	23
Health	49	86	94	74
Housing	26	49	67	44
Welfare	31	69	84	57
Neighborhood	10	23	22	18
Legal and consumer fraud	10	27	47	24
Employment	26	35	35	32
Language	13	27	31	22
Isolation and loneliness	5	18	33	15
Personal and confidential	28	57	69	49
Mean number of problems	2.1	4.2	5.1	3.6

Table 17

Frequency and Percentage Distribution of Families
According to Family Life Cycle,
By Problem Typology

Life Cycle	Problem Typology									
	1		2		3		Total		(4)	
	No.	%	No.	%	No.	%	No.	%	No.	%
1 Single young adults	2	2	4	2	3	6	9	3	2	3
2 Very young families	16	13	25	14	3	6	44	13	8	11
3 Families with children in grade school	32	26	38	22	12	25	82	23	16	23
4 Families with both young children & teenagers	29	24	26	15	7	14	62	18	7	10
5 Middle-aged parents with teenaged children at home	13	11	21	12	4	8	38	11	11	15
6 Grandparents bringing up young children	1	1	3	2	2	4	6	2	2	3
7 Adult families	11	9	12	7	3	6	26	8	7	10
8 Elderly families	17	14	45	26	15	31	77	22	18	25
Total	121	100	174	100	49	100	344	100	71	100
No information			1				1		1	

Table 18

Frequency and Percentage Distribution of Families
According to Ethnic Group,
By Problem Typology

<u>Ethnic Group</u>	<u>Problem Typology</u>							
	1		2		3		Total	
	No.	%	No.	%	No.	%	No.	%
Puerto Rican	55	46	85	49	27	55	167	49
Spanish-speaking	10	8	11	6	4	8	25	7
Black	50	41	62	35	15	31	127	37
White	5	4	14	8	3	6	22	6
Other	1	1	3	2	--	--	4	1
Total	121	100	175	100	49	100	345	100
							72	100

Table 19

Frequency and Percentage Distribution of Families
According to Residence,
By Problem Typology

<u>Residence</u>	<u>Problem Typology</u>							
	1		2		3		Total	
	No.	%	No.	%	No.	%	No.	%
Wyckoff	33	27	52	30	7	14	92	27
Gowanus	35	29	42	24	8	16	85	25
Area	53	44	81	46	34	70	168	48
Total	121	100	175	100	49	100	345	100
							72	100

Table 20

Frequency and Percentage Distribution of All Families
With More Than One Visit According to Number of Visits, By Problem Typology

<u>No. of Visits</u>	<u>Problem Typology</u>									
	<u>1</u>		<u>2</u>		<u>3</u>		<u>Total</u>		<u>(4)</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
2 - 14	105	87	100	57	18	37	223	65	45	62
15 - 29	11	9	44	25	14	28	69	20	17	24
30 - 50 +	5	4	31	18	17	35	53	15	10	14
Total	121	100	175	100	49	100	345	100	72	100
Mean	8.4		16.8		21.2		14.3		15.3	
Median	5.3		12.1		18.6		9.0		10.8	

Table 21

Frequency and Percentage Distribution of All Families
With More Than One Visit According to Duration of Contact, By Problem Typology

<u>Duration</u> <u>No. of Months</u>	<u>Problem Typology</u>									
	<u>1</u>		<u>2</u>		<u>3</u>		<u>Total</u>		<u>(4)</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
1 - 6	83	69	81	46	13	26	177	52	27	37
7 - 12	26	21	55	32	10	21	91	26	23	32
13 - 23	12	10	39	22	26	53	77	22	22	31
Total	121	100	175	100	49	100	345	100	72	100
Median	4.9		7.2		13.0		6.3		8.8	

Table 22

Number and Percent of Families According to
Major Service Performed* - May, 1969 - May, 1970

	<u>Number of families</u>	<u>Percent of all families</u> (N=268)
Teaching	92	34
Personal service	33	12
Expediting	181	68
Moral support and counseling	36	13

* If service was mentioned for at least one-third of the visits, it was counted as major in this tally.

Table 23

Frequency and Percentage Distribution of Families According
to Amount of Teaching - May, 1969 - March, 1971

<u>Amount of Teaching</u>	<u>Families*</u>	
	<u>No.</u>	<u>%</u>
Equal to or more than any other service	164	45
Less than other service	90	26
None mentioned	98	28
Total	352	100

* Does not include 115 families with one visit only.

SECTION III

STUDIES OF SELECTED SUB-GROUPS OF FAMILIES

A. SAMPLE FAMILIES

SAMPLE FAMILIES

A sample of 75 families was chosen to illustrate the wide range of situations, capacities, and problems of the families contacted by family assistants. The sample also illustrates the services given by family assistants, especially the greater emphasis on teaching among the families with the smallest problem load, and on expediting for those with more problems.

Basis for Selection of Sample

This is not a representative sample in a statistical sense. For purposes of illustration this was not necessary. There is no current area population data available to enable us to know whether the total population served (467 families) was representative of the area population. Nor is it possible to determine in what ways it differed.

The sample was made up of 25 families from each problem-load category. Within each category an attempt was made to include some families with a language handicap and some from each ethnic group, each stage of the life cycle, and when possible, for each family assistant. In addition, it was considered important to select families for whom the most detailed reports had been made. This had the effect of including a good many families who had been known to the project since fairly early in the project history (Table 2). Forty-nine percent of the sample were contacted first in the period, May - December, 1969. There was never a complete inventory of problems or a diagnostic interview but for some families there were 30 or 40 visit reports in addition to family information sheets and comments by group workers. The sample families illustrate the generalizations made in connection with the elderly, the prolonged service families, and the Spanish-speaking families. They also illustrate the kinds of services family assistants found themselves attempting to give.

Need for Knowledge of Network of Urban Agencies

The need for knowledge of the vast network of specialized services existing in the city is evidenced in the large number of families who needed service from one or more agencies. A frequent report from family assistants was that families had great difficulty getting appropriate services from the agencies supposedly prepared to help them. This was particularly true for those with a language handicap as there were rarely Spanish-speaking people on duty at the

various public agencies concerned with health, welfare, housing, etc. This is a partial explanation for the great amount of time that went into the various categories of services classified as expediting.

The list of agencies which appears with the description of services in the previous section of this supplement indicates the variety of agencies used. The family assistants and group workers gradually assembled information about agencies. Representatives of many of these agencies participated in the pre-service training courses for aides and in in-service training. In addition, much of the information was assembled through case-by-case experience as family assistants and group workers tried to find appropriate sources of help for specific families.

The families classified as Type 3 illustrate the need for obtaining appropriate help from existing agencies and helping to alleviate pressing problems before teaching can even be attempted. Apparently teaching under these circumstances is possible when the family is young and receptive and the family assistant is alert to teaching opportunities. However, it is extremely time consuming. This insight has implications for the training of aides in future projects, for the training of people at the supervisory level, and for the amount of time that should be allocated if this kind of work is to be undertaken.

Comparison of Families of the Three Problem Load Types

Analysis of the sample highlights the differences among the three problem load categories. The concentration of problems on which the typology is based is accompanied by other circumstances, such as dependency, unemployment, and female head of household, which go to make life difficult.

Volume and duration of service, demographic data, and types of service received by the sample families are shown in Tables 3 through 13.

The sample families tended to have more visits and longer total duration of contact than averages for all families because they were selected partly on the basis of quantity of information available. Comparisons between problem types within the sample for frequency of visits and duration therefore reflect the selection process as well as the differences between types (Tables 3 and 4). We have already seen in the section on typology that Type 3 families averaged more visits and longer periods of contact than other families. For all families

with more than one visit, the average number of visits increased with the increase in the problem load in this fashion: 8.4 for Type 1, 16.8 for Type 2, 21.2 for Type 3 (Table 20, Section II-H).

The average duration increased with increasing problem load for the sample families as well as for all families. Median duration for all families was: Type 1, 4.9 months; Type 2, 7.2 months; and Type 3, 13 months (Table 21, Section II-H). For sample families it was longer for all three types as shown in Table 4.

Comparison on the basis of life cycle was also influenced by the selection procedure. The sample was selected to overrepresent families with school age children and underrepresent elderly families because the elderly families had already been studied separately. The sample shows a larger percentage of elderly families in Type 3 (20 percent) than in Type 1 (4 percent) (Table 5).

Residence. The sample included a slightly larger percent of families from Wyckoff Gardens and a smaller percent of families from the area than was found for all families (Table 6). The multiproblem families tended to live in the area more than in either housing project.

At attempt to include in the sample equal numbers from each ethnic group was abandoned. Even so, the sample included almost half the white families. Puerto Rican families were somewhat underrepresented. As explained in Section II, the important differences affecting service were stage in the life cycle and problem load, not ethnic differences except when there was a language problem. One-quarter of all the families known to have a language handicap were included in the sample (Table 7).

The number of families receiving welfare increased with increasing problem load: 30 percent for Type 1; 52 percent for Type 2; and 76 percent for Type 3 (Table 8).

For male-headed households there was a smaller proportion of husbands employed among the multiproblem families: 89 percent for Type 1; 56 percent for Type 2; 43 percent for Type 3 (Table 9).

The number of female-headed households increased with increasing problem load: 24 percent for Type 1; 36 percent for Type 2; and 44 percent for Type 3 (Table 10).

The differences among the problem types according to size of family were not great. The average family size was slightly larger for the Type 1 families, 5.1 compared to 4.6 for Type 3 families (Table 11).

Services to Sample Families

The average amount of teaching was greatest for the low-problem families (57 percent) and least for the multiproblem families (19 percent) (Table 1). The percent of teaching for each family in this analysis was based on the number of visits in which teaching was mentioned divided by the total number of visits. Many visits included more than one type of service.

Teaching was a major service for 68 percent of the Type 1 families and for only eight percent of Type 3 (Table 12). Major service means it was mentioned as many times as, or more than, any other service. Teaching was reported at least once for 84 percent of the Type 1 families; 92 percent of the Type 2 families; and 60 percent of the Type 3 families (Table 13).

Expediting was a major service for 24 percent of Type 1 and for 44 percent of Type 3. It was mentioned at least once for 68 percent of Type 1 families and 88 percent of Type 3. Expediting was reported at least once for 100 percent of those with a language handicap.

Moral support also was more common for Type 3.

The figures for personal service are ambiguous, with Type 2 showing the highest percent (20 percent) having it as a major service and Type 3 showing a higher percentage for having this type of service at least once.

Section III-B gives synopses of the situations of the 75 families in the sample and the services given by the family assistants.

Table 1

Frequency and Percentage Distribution of Sample Families
According to Percent of Teaching, By Problem Typology

Percent of Teaching*	Problem Typology									
	1		2		3		Total		(4)	
	No.	%	No.	%	No.	%	No.	%	No.	%
0	1	4	2	8	6	24	9	12	3	17
1 - 24	1	4	1	4	11	44	13	17	1	6
25 - 49	6	24	11	44	7	28	24	32	9	50
50 - 74	9	36	7	28	1	4	17	23	4	22
75 - 100	8	32	4	16	0	-	12	16	1	6
Total	25	100	25	100	25	100	75	100	18	100

* Number of visits in which teaching was mentioned divided by total number of visits.

Table 2

Frequency and Percentage Distribution of Sample Families
According to Period of First Contact, By Problem Typology

Period of First Contact	Problem Typology									
	1		2		3		Total		(4)	
	No.	%	No.	%	No.	%	No.	%	No.	%
May - Sept. 1969	5	20	7	28	15	60	27	36	8	44
Oct. - Dec. 1969	1	4	4	16	5	20	10	13	3	17
Jan. - March 1970	6	24	3	12	4	16	13	18	2	11
Apr. - June 1970	8	32	9	36	1	4	18	24	2	11
July - Sept. 1970	3	12	1	4	0	-	4	5	2	11
Oct. - Dec. 1970	1	4	1	4	0	-	2	3	0	-
Jan. - March 1971	1	4	0	-	0	-	1	1	1	6
Total	25	100	25	100	25	100	75	100	18	100

Table 3

Frequency and Percentage Distribution of Sample Families
According to Number of Visits, By Problem Typology

No. of Visits	Problem Typology									
	1		2		3		Total		(4)	
	No.	%	No.	%	No.	%	No.	%	No.	%
2 - 14	16	64	3	12	5	20	24	32	5	28
15 - 29	6	24	7	28	10	40	23	31	7	39
30 - 50 +	3	12	15	60	10	40	28	37	6	33
Total	25	100	25	100	25	100	75	100	18	100
Mean	17.0		34.4		26.7		26.0		24.6	
Median	12.0		31.3		21.4					

Table 4

Frequency and Percentage Distribution of Sample Families
According to Duration of Contact, By Problem Typology

Duration - No. of Months	Problem Typology							
	1		2		3		Total	(4)
	No.	%	No.	%	No.	%	No. %	No. %
1 - 6	9	36	3	12	4	16	16 21	3 17
7 - 12	11	44	10	40	7	28	28 37	7 39
13 - 23	5	20	12	48	14	56	31 42	8 44
Total	25	100	25	100	25	100	75 100	18 100
Median	3.4		12.2		13.4		11.1	11.6

Table 5

Frequency and Percentage Distribution of Sample Families
According to Family Life Cycle, By Problem Typology

Family Life Cycle	Problem Typology							
	1		2		3		Total	(4)
	No.	%	No.	%	No.	%	No. %	No. %
1	0	-	0	-	1	4	1 1	0 -
2	4	16	3	12	2	8	9 12	3 17
3	6	24	11	44	6	24	23 31	6 33
4	9	36	4	16	6	24	19 26	3 17
5	2	8	2	8	4	16	8 11	3 17
6	0	-	0	-	1	4	1 1	0 -
7	3	12	1	4	0	-	4 5	2 11
8	1	4	4	16	5	20	10 13	1 6
Total	25	100	25	100	25	100	75 100	18 101

Table 6

Frequency and Percentage Distribution of Sample Families
According to Residence, By Problem Typology

Residence	Problem Typology							
	1		2		3		Total	(4)
	No.	%	No.	%	No.	%	No. %	No. %
Wyckoff	8	32	8	32	6	24	22 29	5 28
Gowanus	6	24	6	24	6	24	18 24	1 6
Area	11	44	11	44	13	52	35 47	12 66
Total	25	100	25	100	25	100	75 100	18 100

Table 7

Frequency and Percentage Distribution of Sample Families
According to Ethnic Group, By Problem Typology

Ethnic Group	Problem Typology									
	1		2		3		Total		(4)	
	No.	%	No.	%	No.	%	No.	%	No.	%
Puerto Rican	10	40	9	36	10	40	29	39	15	83
Other Spanish-speaking	2	8	0	-	2	8	4	5	2	11
Black	10	40	10	40	10	40	30	40	0	-
White	3	12	5	20	3	12	12	16	0	-
Other (Arab)	0	-	1	4	0	-	0	-	1	6
Total	25	100	25	100	25	100	75	100	18	100

Table 8

Frequency and Percentage Distribution of Sample Families
According to Welfare Status, By Problem Typology

Receive Welfare	Problem Typology									
	1		2		3		Total		(4)	
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	7	30	13	52	19	76	39	53	11	61
No	16	70	12	48	6	24	34	47	7	39
Total	23	100	25	100	25	100	73	100	18	100
No information	2									

Table 9

Frequency and Percentage Distribution of Male-Headed
Households According to Employment Status, By Problem Typology

Employment Status for Male Heads	Problem Typology									
	1		2		3		Total		(4)	
	No.	%	No.	%	No.	%	No.	%	No.	%
Husband employed	15	79	9	56	6	43	30	61	7	59
Both husband and wife employed	2	10.5	0	-	0	-	2	4	1	8
Neither employed	2	10.5	7	44	8	57	17	35	4	33
Total	19	100	16	100	14	100	49	100	12	100
No male head	6*		9*		11		26*		6	

* Two of the female household heads were employed, one from Type 1 and one from Type 2.

Table 10

Frequency and Percentage Distribution of Sample Families
According to Head of Household, By Problem Typology

Head of Household	Problem Typology									
	1		2		3		Total		(4)	
	No.	%	No.	%	No.	%	No.	%	No.	%
Male	19	76	16	64	14	56	49	65	12	67
Female	6	24	9	36	11	44	26	35	6	33
Total	25	100	25	100	25	100	75	100	18	100

Table 11

Frequency and Percentage Distribution of Sample Families
According to Number in Family, By Problem Typology

Number in Family	Problem Typology									
	1		2		3		Total		(4)	
	No.	%	No.	%	No.	%	No.	%	No.	%
1	1	4	4	16	4	16	9	12	0	-
2 - 4	10	40	10	40	10	40	30	40	8	45
5 - 8	11	44	9	36	8	32	28	37	8	44
9 +	3	12	2	8	3	12	8	11	2	11
Total	25	100	25	100	25	100	75	100	18	100
Mean	5.1		4.4		4.6		4.7		4.7	

Table 12

Frequency and Percentage Distribution of Sample Families
According to Major Service Performed By Family Assistants,
By Problem Typology

Major Service Performed	Problem Typology									
	1		2		3		Total		(4)	
	No.	%	No.	%	No.	%	No.	%	No.	%
Teaching	17	68	15	60	2	8	34	45	6	33
Personal service	1	4	5	20	2	8	8	11	0	-
Expediting	6	24	4	16	11	44	21	28	11	61
Moral support	<u>1</u>	<u>4</u>	<u>1</u>	<u>4</u>	<u>10</u>	<u>40</u>	<u>12</u>	<u>16</u>	<u>1</u>	<u>6</u>
Total	25	100	25	100	25	100	75	100	18	100

Table 13

Percent of Sample Families for Whom Service was Performed
At Least Once, By Problem Typology

Service Performed at Least Once	Problem Typology				
	1 (N=25)	2 (N=25)	3 (N=25)	Total (N=75)	(4) (N=18)
Teaching	84	92	60	79	33
Personal service	28	40	48	39	28
Expediting	68	84	88	80	100
Moral support	8	60	76	48	22

SECTION III-B

THUMBNAIL SKETCHES OF SAMPLE FAMILIES

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THUMBNAIL SKETCHES OF THE SEVENTY-FIVE SAMPLE FAMILIES

Introduction

Much of the discussion of community families worked with has been limited to statistical analyses. In an attempt to give a more meaningful picture of the range of family situations and family assistant activities, the following synopses have been compiled. They are based on the 75 families in the selected sample discussed in Section III-A, and have been arranged to show the kinds of families within each of the three problem types, the kinds of problems they had, the pattern of contact, and what help the family assistant was able to provide.

They have been disguised but are so typical of many families that the disguises may inadvertently lead to false identification. The personal problems referred to are problems that the family assistants felt were too confidential to reveal and are thought to include marital problems, drug addiction, parent-child relationships, and some legal problems.

For some of the families, the family assistant or group worker made comments indicating evidence of progress, and these quotations are included.

TRUDBAIL SKETCHES OF SAMPLE FAMILIES

CLASSIFIED AS HAVING FEW PROBLEMS

(Type 1)

Elderly family

1. Elderly white woman living alone in public housing, She had a heart condition and needed someone to check on her and provide moral support. There were only four visits reported over a period of five months and visits were discontinued when one of the pair of family assistants who had been working with her left the project. This was also about the time of the "change of policy" when the decision was made to concentrate on home management and consumer education only.

Health problems

2. Black mother living in the area, receiving welfare assistance, four children. She was pregnant at time of first contact and baby boy was born with a defect requiring treatment. Family assistant visited twelve times over a period of three months and provided help with decorating, drapes, shopping, and care of the children.

3. Puerto Rican family living in housing project, father employed, five children. Mother needed more home economics information but family was also plagued with family illnesses. One daughter required surgery twice and family assistant helped the mother find a good bone specialist in Manhattan. Teaching was a major service. Visits continued from January, 1970 to the close of the project in March, 1971.

4. Cuban family with one baby, living in the area, father employed, receiving some public assistance. There wasn't enough money to fix the house and she needed help with preparing nutritious food and with home management. Mother was ill and needed an operation. Family assistant baby-sat so the mother could go to the clinic. Eight months, nine visits.

5. Lame black mother living in public housing, husband employed, one child in kindergarten. She needed someone to take her daughter to school. Service started in September, 1969 and continued to the end of the project. No teaching was mentioned for first half of visits but teaching was done for more than a third of the visits after May 15, 1970. Nineteen months, 79 visits.

"We feel that we accomplished because we assisted someone who really needed someone to accompany her to various places, someone who would help her about the home with matters that she could not accomplish due to her handicap."

Housing problems

6. Large, black family, living in housing project, eight children and grandchildren, father employed. The apartment was overcrowded and the family assistant helped file housing application and find separate apartment for the daughter and grandchildren. Family assistant also helped with storage and money management and decorating. Homemaker said she learned a lot and is getting more for her money with the food stamps. Nine months, 25 visits.

7. Puerto Rican family with two preschool children, father employed. ~~Family lived in public housing but wanted a larger apartment.~~ Family assistant helped with food stamps and welfare check. One of the more recent families contacted; no teaching reported. Three months, four visits.

Employment of mother

8. Large interracial family with eight children, living in public housing, receiving supplementary public assistance, father employed. Family needed someone to care for children while mother visited her baby in the hospital. Mother was very interested in homemaking information and later became a family assistant herself. Seven months, 13 visits.

9. Black mother living with small child in the area. She needed help with the welfare budget and the family assistant brought her food at one point. She also provided recipes for surplus food and helped her learn how to care for the baby. Visits continued over a three-month period (ten visits) and were discontinued when mother went to work.

10. Cuban adult homemaker receiving unemployment insurance, living in the area with another adult. She needed help with getting welfare and medicaid since she was sick and not working. Family assistant also helped with comparison shopping. Four visits in one month.

11. Puerto Rican family living in the area, no children, wife in early thirties. Husband employed and family assistant assisted in finding job for wife. Family assistant also helped them find an apartment. Homemaker was Spanish-speaking and wanted to go to school to learn English. Service continued intermittently for nine months with five visits and discontinued when the problem was solved (finding apartment and job).

Consumer problems

12. Puerto Rican family living in the housing project, husband employed and they also received public assistance; three children. Family assistant accompanied her to a store to complain about a stereo set purchased the week before. Woman was Spanish-speaking and needed help in interpreting. Family assistant also conducted a food demonstration at her home. Only two visits reported with six months between first and last.

13. Puerto Rican family with five children, living in the area, husband employed. The major service was referring to the Department of Consumer Affairs about a problem with a television set and complaint about the TV repair man. There was one attempt at teaching after May 15. Ten months, 12 visits.

Language handicap

14. Spanish-speaking adult homemaker living in the area with 23-year old son. Family assistant's contact with homemaker began when she was having a problem with a tenant on welfare who did not pay the rent, and family assistant helped with interpreting. She also gave her leaflets with home economics information. Eventually the woman sold her home and moved back to Puerto Rico. Four visits reported over a period of three months.

15. Puerto Rican mother with two children, living in housing project. ~~She didn't speak English and family assistant accompanied her to school and to~~ other agencies to interpret, and she also did some teaching. One of the last families to be contacted, homemaker had six visits over a period of two months.

16. Spanish-speaking homemaker living in housing project, four children, husband employed. Family assistant helped with comparison shopping and home-making information and accompanied to the clinic to interpret. She also helped her to apply for Blue Cross, Blue Shield and medicaid. Service continued for 15 months with 21 visits.

17. Puerto Rican family with language handicap, living in public housing, three preschool children, father employed. Family assistant helped with homemaking information -- budgeting, interior decoration, etc. and interpreting. Fifteen months, 39 visits.

Personal problem

18. White family with three children living in the area, father employed. Mother needed general home economics information and moral support and counseling in regard to a personal problem. Later she and family assistant planned to volunteer at P.S. 38 to teach a sewing class for kids. Eight months, 12 visits. Service discontinued when problem was solved.

"There has come about an increase in her community concern and involvement. She attended our demonstrations, is active in the Parents Lounge. I got her to attend a few PTA meetings. Homemaker is generally more active now than before."

No special problems mentioned -- teaching the major service

19. Black family living in housing project, husband employed, six children. Family assistant thought one child's feet needed attention but mother didn't think so. Teaching was the only service mentioned -- home management, sewing, budgeting. Ten months, 21 visits.

"We were helping Mrs. B. with sewing. She is making some more clothing for the children -- have also made draperies, etc. Also, we were going over her budget with her. She is getting along very much better money-wise and shopping, but very hard to learn about sewing. Family assistant helps with sewing a lot on own time."

20. Puerto Rican family but language not mentioned as a problem; living in housing project, one teenage child, father employed. Teaching home management and recipes was the only service mentioned. Contact continued intermittently for 17 months with only nine visits reported. Family assistant commented, "Family gets along well."

21. Black family with six children, living in housing project, husband employed. ~~Eighteen visits over a period of seven months -- mostly teaching~~ budgeting and sewing.

"Mrs. F. thinks we have helped her a lot with budgeting and comparison shopping and also feels that she has been able to save money with clothing and making of curtains. She is learning better food management and clothes buying. She seems to be very interested and very happy about our help."

22. Black family with four children, living in the area, father employed. Family assistant explained about food stamps and taught comparison shopping and cooking. Six months, 12 visits.

"Mrs. S.'s progress is wonderful. She uses and takes advantage of suggestions that would be of benefit for her family. Food demonstrations with her were a pleasure. Comparison shopping for food and clothing also. Took advantage of Food Stamp Program."

23. Black family with two teenaged children, living in housing project, both father and mother employed. Major service was teaching mother to sew clothes for her overweight daughter. Eight months, 14 visits.

Teaching leading to informal work with groups

24. Large black family living in the area, nine children, father employed. Family assistant helped secure medicaid and taught sewing, cooking, and helped with shopping for new baby. Food demonstrations conducted in her home developed into informal work with groups when neighbors attended. Ten months, 26 visits.

25. Black family, living in the area, three children, father present. At time of first contact, child was in hospital and family assistant helped file for medicaid. Major service was teaching. An applesauce cake demonstration was conducted at her home. Seven months, 18 visits.

THUMBNAIL SKETCHES OF SAMPLE FAMILIES
CLASSIFIED AS HAVING A MEDIUM PROBLEM LOAD

(Type 2)

Elderly families

1. Elderly white man living alone in housing project, confined to wheelchair. Needed someone to shop for him, a service performed regularly by the family assistants for first 14 months of project and occasionally thereafter. Sixteen months, 59 visits.

2. Elderly white man, living alone in area, arthritic and can't do for himself. Needed more money and help with housekeeping and food. Family assistant helped him get money from welfare for clothing, and worked with DAB (Disabled, Aged, Blind - Division of Social Services) to get him a wheelchair. Was trying to find housekeeper and better apartment. Family assistants provided personal service -- shopping, fixing meals, cleaning apartment, doing laundry, etc. Sixty-six visits over a period of 15 months; discontinued only because project was closing.

"Feels confident somebody cares and very cheerful. Refuses to go to foster home. Hopes to get a better apartment soon. We have been able to get most of the things needed and give courage. DAB worked with family assistant and Mr. . . . has improved in many ways. (Can now get to corner store by self with aid of wheelchair.) May be moving to Senior Citizens apartment with elevator."
"Family assistant also got him donated TV."

3. Elderly white man living alone in public housing, crippled and needed someone to shop for him and show him proper diet. Family assistants provided this service until his sister came to live with him, and they were no longer needed. Five months, nine visits.

Teaching the elderly

4. Elderly black man living alone in public housing; lame and needed assistance with shopping and care of apartment. Family assistant offered moral support and personal service but also attempted a great deal of teaching. He gained confidence in the family assistant and later she learned that he was worried because his son was a dope addict. Service was discontinued when project closed but family assistant found him a housekeeper before she left. Ten months, 36 visits.

"He is trying to learn everything I could teach. He is taking a lot of time to do most things but he is trying to have clean and pretty apartment. He is eating better meals, which we call balanced meals. He told me he learned a lot from me. But he is still putting too much water when he cooks. He used to cook this way for a long time. I think it is not so easy to change everything right away. He knows how to catch sales now and when I ask him to be ready with list of groceries, he looks at advertisements in paper first. Also discusses menus. Even washing own clothes is a big thing for him, because he washed without his neighbor's help."

I told him about my training. Of course he felt a little bad and asked me to find a homemaker if it is possible. He told me when he had some homemakers they did not treat him so nice and try to take some things from him. He is a little afraid to have a homemaker but I think all of them aren't trying to take something from him. I told him about it. But he has had a hard life, it is hard for him to trust people. I asked him how did I work for him? He says he knows I am not trying to take anything from him."

Health problems

5. White mother with asthmatic son, living in public housing project in small apartment next to incinerator, receiving public assistance. The fumes from incinerator were affecting the son's health and family assistant helped family get a larger apartment in the project in a different location. She also advised on a school problem with the son. Expediting and moral support were the major services for the first ten visits; teaching began about the time of the May change in policy. Sixteen months, 32 visits.

6. Puerto Rican adult family receiving pension, living in area. Health a major problem and family assistant provided help with shopping, care of apartment and laundry. Thirty-one visits over period of ten months, discontinued at close of project.

7. Puerto Rican family with four children, living in area. Husband employed and family also received welfare assistance. Family assistant accompanied to clinic to interpret and to Family Court. She also got baby-sitter when mother had to go to hospital. Teaching was a major service -- mostly cooking and shopping. Thirteen visits over a period of nine months; discontinued at close of project.

8. Black family living in housing project with five children. Husband employed but also receiving public assistance. Mother diabetic and pregnant at time of first contact and she needed a baby-sitter to keep her clinic appointments. Family assistant also provided information about medicaid and food stamps. After baby was born (and after May 15) teaching was major service performed. Baby was ill and had to go to hospital later and family assistant helped in this emergency. Still later, mother applied to nursing school and was waiting to get in. Visits discontinued when project closed. Fifteen months, 31 visits.

Education and school problems

9. Puerto Rican family living in housing project, six children, husband employed; also receiving welfare assistance. Family assistant helped with sewing, cooking, and surplus foods, and offered moral support to the mother who "worries too much." Mother was pregnant at time of first contact. Later she had a problem with child in school and family assistant accompanied her to school to see the teacher since mother "speaks Spanish more than English." Nine months, 23 visits.

"She told me she stopped putting too much oil in her beans and started putting more meat. She was thinking before I used to visit her if her children are not hungry, they are eating well. But she is

understanding how food is important for growth and health for her family. Learning is a new thing to her -- she is really trying. She is learning how to do things by herself."

10. Black mother with three children, living in the area, receiving public assistance. Needed help with housekeeping and care of apartment; teaching (mostly food demonstrations and sewing), expediting, and moral support were the major services. Homemaker was interested in getting a job and in getting further education. Sixty-one visits over a period of 20 months; discontinued only when project closed.

"Homemaker is becoming very active in community. Family assistant helped the homemaker to become more independent; she is learning to manage on her own success and accomplishment. Family assistant helped her get a job at a preschool and also getting into college in a program of early childhood development."

Family crises

11. Black family with three children, living in housing project. Family assistant helped husband find job; later he was laid off for two weeks. Family assistant assisted the mother to care for new baby, and then helped her to find a baby-sitter when the wife got a job. When one of the children was hit by a car the family assistant was called in to help in this emergency. Sixteen months, 23 visits.

"She would like to get a job closer to home so she can be with children more and help with their homework. They now get food stamps. They are doing very good now and father seems to be much closer to his family since most of their problems are solved. This family have learned to understand and cope with everyday living and not just shop at corner store; they get medical care for children, attend community affairs, and shop more wisely. The children are registered for camp; both husband and wife have jobs and the, have learned to use clinics and the community center."

12. Black mother with six children, receiving welfare assistance, living in housing project with grandmother and father. Family assistant helped the family with funeral arrangements for the grandfather. They needed moral support and help with home management. On the eighth visit, family assistant reported that "she has done wonderful in home and children." Fourteen months, 30 visits.

"When association began, homemaker was very untidy and seemingly lacked interest in her home and children. She felt handicapped by very little money in the budget. Family assistants helped homemaker find money-saving ideas for decorating and clothing plus tips on dealing with her children. Homemaker has painted and re-decorated her apartment, rearranging her furniture to allow more space; homemaker is very pleased and surprised that she was able to do some of the things she previously considered impossible. Her attitude is now much more positive and optimistic."

13. Black family living in housing project, five children, father employed and also receiving public assistance. Needed help with home management and food and nutrition. Later family assistant helped family manage while mother was in the hospital. Visits continued from beginning of project to the end. Twenty-one months, 61 visits.

"We did accomplish a more realistic budget and we also helped homemaker to organize her household. We also helped her buy furniture for her children."

Housing problems

14. Black family living in the area, three children, father employed. Needed to stretch income but not eligible for supplementary welfare. Landlord tried to raise rent and gave the family a dispossess. Family assistant helped with this problem but the family had to pay increased rent because husband's job income was too high. There were also health and personal problems and the family assistant offered moral support and she taught comparison shopping and sewing. However, at one visit, the family assistant stated, "Homemaker has too many personal problems to be concerned with drapes at this time." Ten months, 19 visits.

15. White mother with two children, living in the area, mother employed. Family assistant taught homemaking information and comparison shopping and gave help with personal problems. She needed apartment and finally moved out of the area, after being evicted several times. Family assistant referred the case to Legal Services and eviction was delayed until she found apartment out of area. Four months, 11 visits.

16. Puerto Rican mother with six children, living in area, receiving public assistance. Major problem was housing. Their apartment was in very bad condition (rats, no heat, etc.) and the landlord tried to raise the rent. Welfare would not pay the increase because the apartment was too bad. Family assistant helped get landlord to fix apartment and lower rent. The Mayor's Task Force and Housing Authority and Board of Health were referred to for help with the housing problem. (The children were all sick, also.) The family assistant later offered help with fixing furniture and drapes for apartment. Visits were discontinued at the close of the project. Ten months, 36 visits.

17. Puerto Rican mother living in area with two preschool children, receiving welfare assistance. Family needed housing and furniture and the family assistant found apartment for them and helped mother get furniture. Mother also needed housekeeper while she was in the hospital having a baby. She wanted to learn about shopping and sewing and especially needed nutrition information. Visits continued for more than a year (41 visits) and teaching was a major service throughout.

18. Puerto Rican family, living in the area, seven children, housing conditions very bad (three rooms, eight people and no heat). Children needed clothing. There was also a personal legal problem. Mother didn't speak English and family assistant helped with those problems as interpreter and advocate. Homemaker wanted to learn to sew and family assistant encouraged attendance at workshop, and also taught shopping, cooking, and

helped with storage problems. Visits were continued for a period of 11 months (24 visits) and were discontinued when family moved out of area and left no forwarding address.

Very young mothers

19. Young black woman living alone in the area. At time of first contact she had lost job and was unemployed and family assistant referred her to agencies for a job. No teaching was done until after May 15 but family assistant got her to register to vote. Visits were discontinued for a brief period, then she became pregnant and family assistant helped her prepare for the new baby. After baby was born, family assistant taught her how to care for baby and helped her with budgeting and learning to cook. At close of project, she was looking for a baby-sitter so she could go back to work. Sixteen months, 47 visits.

20. Very young girl (15) recently arrived from Puerto Rico and didn't speak English. At time of first contact, she was pregnant, her husband had left, and she was looking for a job. The first ten visits, the family assistant helped with these problems and teaching was not reported until about the time of the change in policy. Husband was employed and he returned home later. After baby was born, family assistant helped with home management problems, cooking, and caring for new baby. Eleven months, 18 visits.

Money management and welfare problems

21. Black mother with two children, living in housing project, receiving welfare assistance. One daughter lived with grandmother in the south and mother wanted help in getting her up north to live with her. The mother had a health problem but when she recovered she wanted to get a job. The family assistant provided moral support and taught sewing and comparison shopping and budgeting. Eight months, 18 visits.

"She told me she would be careful to choose good quality things. I think she learns how to read labels and to make slipcovers. She does comparison shopping and makes a shopping list. She learned to make her budget every month and has small savings account at bank now. She is doing very well. I am sure she will be able to take care of herself."

22. Puerto Rican family with two children, living in housing project. Not enough money; needed welfare, medicaid and food stamps but was turned down for medicaid. Homemaker wanted to be foster parent to help with finances. Visits began after May 15 and teaching -- food demonstrations, comparison shopping, etc. -- was the major service. Nine months, 33 visits; discontinued when the project closed.

23. Black mother living in housing project with three children. Husband was not supporting her and she had very little money and needed total assistance, not just supplementary. Family assistant helped her get this and went to court with her to help her get alimony. Family assistant also taught sewing, care of apartment, and gave cooking demonstrations. Visits discontinued at close of project when problem was solved.

"Homemaker now has a regular income where before it was just a sometime thing."

Americanization

24. Family from Middle East, living in housing project, six children, father employed. Needed help with adjusting to American customs, and family assistant also helped with health and housekeeping problems. Housing for the husband's mother and sister was a major problem and later there appeared to be marital problems. Family assistant helped them apply for medicaid, supplementary assistance, and surplus food, and encouraged mother to attend prenatal clinic. This family and various sisters and brothers accounted for four of the families helped by this team of family assistants. Visits were begun soon after the project opened and continued to the end of the project. Twenty-one months, 64 visits.

25. Family living in the area, recently arrived from Puerto Rico, in search of a better life. "They couldn't find it." Two teenagers, father employed but later lost job due to head injury. Mother didn't understand English and couldn't read or write. She needed help with shopping and learning about subways. Family assistant helped her get welfare and medicaid and accompanied her to doctor appointments to interpret. Family assistant also helped them find a bigger apartment, and the wife got a job later. This is a good example of a family where expediting was the only service mentioned until the change in policy (24 visits) and then family assistant did do quite a bit of teaching--- comparison shopping, cooking, and household management. The last problem encountered was an economic problem with the mother-in-law who recently returned from Puerto Rico. She was 82 years old. Family assistant accompanied homemaker to Social Services and had mother-in-law included in welfare budget and also secured medicare for her. Eighteen months, 51 visits.

"She has become a bit more confident -- learning to use subways and shop in supermarkets, and to go to welfare and clinic alone. She has progressed. She makes use of food recipes, asks more questions, and seems more willing to seek assistance in anything that she needs from me. She trusts me enough to call me on the phone and she does not hesitate to confide in me. She has voiced gratefulness for my assistance. With my help she keeps a neater apartment and at least does not have to worry about that. She is more food-purchase conscious and adheres to doctor's appointments."

THUMBNAIL SKETCHES OF SAMPLE FAMILIES

CLASSIFIED AS MULTIPROBLEM

(Type 3)

Elderly families

1. Black elderly woman living alone in housing project. She was a former mental patient and family assistants were a little afraid at first but knew she needed their help badly. They provided personal service, taking her to the clinic and shopping, and served as companions to cheer her up. They tried to encourage use of the Consumers Club and Senior Citizens but she was unable to get out much. About midway in their contact with her, family assistants were able to get a housekeeper for her but continued to visit her periodically until she died about six months before the project closed. Seventeen months, 53 visits.

2. Elderly white family living in public housing. Wife had a nervous breakdown and husband didn't want her left alone. They needed medicaid and someone to shop for them. At the last recorded visit the husband had fallen and was in the hospital. There was an attempt at teaching, especially care of the apartment. Eleven visits over a period of 11 months.

3. Black elderly woman living alone in the area. She was mentally disturbed and was unable to handle financial affairs. She took to wandering the street and when Social Services couldn't locate her, her checks were returned to the welfare office. Family assistant provided moral support throughout, and helped her get back on welfare and found a place for her to stay; but she was finally discovered spending the night in a parked truck. A relative had her placed in a mental institution in upstate New York and service was discontinued. Thirteen months, 18 visits.

4. Elderly black family living in housing project. Wife was bedridden with severe burns and she needed a housekeeper. Family assistant found housekeeper for them and gave housekeeper information about shopping and caring for ill woman. Wife died after about three months, and family assistant continued to visit husband to offer companionship and help with shopping, etc. Husband was unable to sign name and family assistant had to intervene at one point because of a problem with a check from DAB (Disabled, Aged, and Blind - a Division of Social Services) for the housekeeper. Visits continued until the end of the project. Fourteen months, 39 visits.

5. Elderly Puerto Rican woman sharing expenses and apartment in the area with an elderly man who required extensive hospitalization. Neither of them spoke English well and family assistant's major function was explaining the welfare system and medicare. The woman did not understand the welfare cuts. They also needed an apartment with no stairs. No teaching attempted and visits were discontinued at the time of the policy change in May. Eight months, 19 visits.

"Most elderly people are accustomed to their ways. Cannot be changed. Others will not go for surplus food, are used to their own food. Especially Puerto Ricans will continue buying their own.

food even though they may use surplus but will not change their ways."

6. Elderly black family bringing up a five year old great-grandchild, living in the area in deplorable housing conditions. The apartment was dilapidated and cold, the grandson had asthma and the grandparents had arthritis and heart trouble. The family assistant provided personal service for the grandmother, shopped for them, and kept trying to find them decent housing. After many months, the group worker contacted Project Rescue, and the apartment was fixed somewhat -- at least the holes were patched. Family assistant counseled the family about the child, who needed psychiatric care, and visited the school for them. The grandmother had a stroke and died just before the project closed, and family assistant worried that the grandfather was drinking too much and was unable to care for the child properly.

"Homemaker stated family assistant had helped them in many ways -- took the grandchild to the clinic and then to hospital with double pneumonia. Helped them get their check twice and went shopping for them. Personal service for the grandmother -- combing hair, etc. Morale is improved a little."

Later, the grandfather was quoted as saying, "I can never explain or tell how you have helped me, especially when my wife was so sick, and I am sorry to have you go." Nineteen months, 51 visits.

Health problems

7. Puerto Rican family living in housing project, receiving public assistance. Both parents handicapped and husband unable to work although an attempt was made to get a newsstand for him. There was a great deal of conflict in the family over the discipline of the four children and eventually it reached the point where the wife filed for divorce. The family needed a housekeeper and one was located with family assistant help, but conflict developed there, also, over the housekeeper's duties. This was one of the first families contacted and the family assistants attempted some teaching and tried to get the household organized, but found the problems were almost insurmountable and visits were discontinued. Eight months, 18 visits.

8. Cuban family with five children, living in the area, receiving public assistance. Father was unable to work because of an injury received on the job. Mother's health also was poor and their apartment was overcrowded with daughter and children living there, too. Landlord asked them to vacate and family assistant helped them find a large apartment out of the area; daughter and children are no longer living with them. Mother was to have surgery later. Other problems involved welfare and Family Court. There was some teaching of household skills after the policy change in May but the major services were expediting and interpreting for the family who did not speak English well. Visits discontinued at close of project. Fourteen months, 29 visits.

9. White mother of European descent, living in housing project with three teenaged daughters. She was an invalid in a wheelchair, and family assistant helped get a housekeeper for her but Social Services wouldn't let her stay because they said the grown daughters should help. Some attempt was

made at teaching after the May policy change -- comparison shopping, and food and nutrition -- but the major services were helping with shopping and with welfare problems, and counseling and providing moral support. The mother had one daughter who had been in and out of mental institutions and was a constant worry to her because of the company she kept. Later another daughter came home with a new baby. Service continued for 16 months with 39 visits and was discontinued when the project was drawing to a close and the family assistant felt the mother could get along on her own.

"Homemaker said this is the only project that had ever promised to help her and really did. She says that she wish that the program would go back as it started out. She says she has heard lots of comments how the family assistants had done so much good in going to different agencies and also hospitals to give aid and encourage families."

Drug problems

10. Puerto Rican mother with three teenaged children living in the area. The major problems discussed were a school problem with the son, and the need for better money management, but it was revealed later that the mother was a drug addict. Other agencies had tried to help her to no avail. Family assistant tried to get her to attend rehabilitation clinic and provided moral support. Family also had a handicapped brother who needed to find a special training school and a job. There was an attempt at teaching after the May policy change, but visits were discontinued when it appeared that they could not help her. Fourteen months, 36 visits.

11. Puerto Rican mother with three teenaged children living in the area. Mother needed lots of moral support because her son was a drug addict and she was afraid to have him around. The worry affected her health. Housing became a problem when the landlord asked her to vacate the apartment. Family assistant's help consisted entirely of expediting (both in interpreting and intervention) and moral support for more than 20 visits, but after the May policy change there was some attempt at teaching comparison shopping and other homemaking skills. Family assistant tried to encourage her to attend workshops. Visits were discontinued when the project closed. Nineteen months, 34 visits.

Housing problems

12. Large Puerto Rican family living in the area, husband not employed, receiving welfare assistance. They were given eviction notice and the housing projects had no apartments large enough for a family with nine children. Family assistant attempted to find apartment for them but when they couldn't solve the housing problem, the family decided to go back to Puerto Rico and service was discontinued. Three months, 10 visits.

13. Black family with four children, living in the area, receiving welfare assistance. Husband was employed until he had to enter the VA hospital. Housing conditions were very bad and case was referred to DARE with no results to date. Mother had to work and there was reference to a child care problem. Pattern of contact in this case was intermittent -- one visit in late 1969, then no more until June, 1970 when visits continued until the close of the project. Fifteen months, 12 visits.

14. Large Puerto Rican family with eight children, living in the area, receiving welfare assistance, father not employed, didn't speak English. Housing conditions were very bad -- rats, etc. Family was given a dispossession but eventually signed a lease on the same apartment and rent was raised. Family assistant's efforts to help this family consisted entirely of trying to alleviate the housing situation but she found it impossible to find housing for such a large family. Ten months, 27 visits.

Employment of mother

15. Large black family living in the area, husband employed, receiving supplementary assistance. Nine children -- some may have been foster children. At time of contact, son had run away from home and family assistant offered encouragement and moral support. On one visit teaching food and nutrition and care of apartment was mentioned, and the mother was able to get shoes for the family. There were eight visits over a period of three months and service was discontinued when homemaker got a job in another project. However, she dropped out soon after training because of overwhelming personal problems. Shortly before the project closed, a short circuit caused a fire in her apartment and the family lost a great deal of furniture and clothing. The project helped them get additional assistance from welfare.

Legal problems

16. Puerto Rican family living in the area with three teenaged children, husband employed. The main problem discussed was one with medicaid. The family was overcharged for medical expenses and medicaid refused to pay the hospital surgery bill because the husband had a fairly good salary. Later there was a personal problem involving the father and a teenaged girl, and the case was referred to Legal Services. Six months, 18 visits.

17. Puerto Rican family with four children living in public housing, receiving welfare assistance, and father was no longer living with the family. There were personal problems with the son and Family Court, and with the husband and child support. Homemaker did not speak English and family assistant helped with interpreting and offered moral support, and she also did quite a bit of teaching of homemaking skills. Visits discontinued only when project closed. Seventeen months, 16 visits.

Very young families

18. Very young Puerto Rican family with one baby girl, living in the area. Wife was pregnant at time of first contact and husband, who had recently returned from Vietnam, was temporarily disabled. Family received VA benefits and also needed welfare assistance, which the family assistant helped obtain for them. Housing conditions were bad and the family assistant assisted them in finding an apartment. She was also able to help the husband find a job. After the baby arrived, the family assistant taught care of the new baby and other household skills. Twenty-six visits reported over a period of more than a year.

19. A very young black mother with three preschool children, living in housing project, father away in the service. Received welfare assistance along with allotment from her husband. She felt unable to cope with her many problems and was very depressed and discouraged. Family assistants were a

source of moral support for her and referred her to a Trouble Shooting Clinic for group therapy, and to Planned Parenthood. They were able to help her in organizing her household and in teaching other homemaking skills. Mother felt family assistants helped her a lot and was sad when service had to be discontinued because she moved out of the project area -- to another housing project. Seven months, 16 visits.

Teaching done along with help for other more urgent problems

20. Black family living in housing project, husband employed, five children. Mother had a new baby after 14 years and was very fearful about caring for him, and the baby needed an operation. There was also a problem with an older child, and other personal problems, such as a legal difficulty with an older son in the army, which was referred to Legal Services. Lack of money was a continual worry. Family assistants provided help with the personal problems and lots of moral support as well as teaching household skills. At one point, there was a death in the family and family assistants helped with funeral arrangements. Twenty-two months, 35 visits.

21. Black mother living in housing project, receiving welfare assistance, bringing up six children alone. She needed clothing for the children and furniture, and the family assistants helped obtain this through the Salvation Army and St. Vincent de Paul. She needed lots of moral support and family assistants were able to provide this as well as teach a great deal about household management and care of the children. Visits were discontinued when family assistants felt much progress had been made. A family assistant made comment that as far as she was concerned, the success with this homemaker was sufficient to call the project a success. Sixteen months, 37 visits.

"Homemaker has made progress and she would be the first to admit this. Since we started to work with her she has joined the neighborhood church, she has also joined the choir and the children are in Sunday School. She was having marriage problems when we started working with her. She needed moral support and we really feel that we were able to improve her condition. She joined the church and we got clothing for the entire family along with furnishings."

Mental health problems

22. Young white woman with three children, living in housing project, receiving welfare assistance. She was extremely disturbed, with personal psychiatric and marital problems, and managed her income poorly. Family assistants provided reassurance and moral support. The major accomplishment was a divorce processed by Legal Services. Little teaching was mentioned at first but after the May policy change, family assistants taught cooking, comparison shopping, budgeting, and care of the apartment. Visits continued from the summer of 1969 until the close of the project. Twenty-one months, 52 visits.

23. Nineteen year old girl, not married, living in the housing project with her mother who was one of the other families visited by this family assistant. She had been in and out of mental institutions and the family assistant tried to counsel her and encourage her to attend the After Care

Center. She also helped get welfare assistance for her. Service was discontinued when she returned to a mental institution. Five months, 7 visits.

Problems with children

24. Mother from Dominican Republic, living in the area, didn't speak English. One teenaged son at home; four of the mother's adult daughters with many problems were also visited separately by the family assistants. One of the major problems was with the truant son who refused to cooperate with the probation officer. This involved many visits to court, with the family assistant serving as interpreter. She was instrumental in having the boy placed in one of the better schools for delinquent boys. Then there was difficulty about the mother going to visit him. Mother's health was a continual problem and there was a legal difficulty about a car accident in which she was injured several years before. Visits were begun at the beginning of the project and continued for one year when the case was closed because there was no evidence of progress. However, in March, just before the closing of the project, homemaker asked for help again when the case involving the claim for injuries came up for a hearing. Major services were expediting, counseling, and moral support, with no teaching mentioned. Twelve months, 29 visits.

"Family assistant was able to help homemaker realize that her son had psychological problems which contributed to his rebelliousness and inability to function at school. Working with son's probation officer, family assistant helped mother arrange for son's admittance to Lincoln Hall Boys' Center."

25. Black family with three children, living in housing project, husband employed. At first contact, the problem was with a mentally retarded destructive five-year old child who needed institutional care. After child was placed in institution, mother wanted to find job to supplement husband's income. There was also a housing problem. Morale in the family was very low, husband was nervous and had to go to hospital, but returned to work later. Expediting and moral support were the major services but there appeared to be some teaching. Eleven months, 25 visits.

"Family said morale had been improved. Family more relaxed since retarded child has been placed in institution. She is really trying to improve the appearance of the apartment. She has always taken a great interest in her children and their health. Her son is coming home for Christmas vacation; he is in the hospital for mental retardation."

SECTION III-C

SUB-GROUPS OF FAMILIES CONTACTED BY THE CORNELL-OEO PROJECT IN SOUTH BROOKLYN

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ELDERLY PERSONS SERVED BY THE CORNELL-CEO PROJECT IN SOUTH BROOKLYN:
A POPULATION SUB-SAMPLE WITH UNIQUE SERVICE NEEDS

Summary

Service to the elderly was disproportionately time-consuming and included very little of the home management or consumer education which were the major purposes of the project.

The combined effect of the typical problems of this group, the dearth of resources, the compassion of the family assistants, and the willingness of the elderly to receive the family assistants' attention together called for careful review of the project's role in relation to elderly persons and training appropriate to the role.

Elderly persons comprised 19 percent of all families served by the project. In comparison with others served, the elderly were more heavily concentrated in Wyckoff Gardens, where 153 units were reserved for them and the community space was occupied by a Senior Citizen Center.

Sixteen percent of the elderly were white, compared with four percent for others, and 48 percent were of Puerto Rican or other Spanish-speaking origins, compared to 59 percent for other age groups. Twenty-five percent were classified as having a problem in using English.

The elderly were almost entirely dependent on transfer income, i.e., public assistance, social security, pensions, and help from relatives. Most lived alone or with other elderly persons though a few were bringing up grandchildren.

The great amount of time spent with elderly homemakers is reflected in the duration and number of contacts. Forty-three percent received ten visits or more, compared with 34 percent in other age groups. Twenty-four percent received visits for 13 to 23 months compared to 15 percent in other age groups. Service to 33 percent of the total was terminated only because the project was ending.

The number of problems reported put 21 percent of the elderly into the multiproblem category, compared to 12 percent of other families. By far the most frequent problem was health; next were welfare or social security, isolation or loneliness; and housing.

Personal service (housework, shopping) was far more frequent than any other kind of help, even when all kinds of expediting (help in use of resources) were combined. Though teaching was attempted at least once with 35 of the families, it was mentioned four times or more in only 11 cases. This pattern persisted even after May, 1970, the date of the major policy shift away from expediting toward more emphasis on teaching efforts.

Available data about problems and services to the elderly were put together twice during the project as a possible aid to decision-making about future service and appropriate training or inservice training for whatever service was agreed upon. As far as the research staff knows, the reports were never used for this purpose. Some inservice training time was devoted to learning how to obtain the services of housekeepers through the Department of Social Services, and to obtaining medicaid and medicare.

Discussion of training a group of elderly family assistants especially to work with elderly persons was dropped because of other project considerations.

On 10/11/71

ELDERLY PERSONS SERVED BY THE CORNELL-OEO PROJECT IN SOUTH BROOKLYN:
A POPULATION SUB-SAMPLE WITH UNIQUE SERVICE NEEDS

Introduction

Senior citizens comprise 15 percent of the population of South Brooklyn and made up 19 percent of the families receiving service from the Cornell-OEO project while it was in operation.

The severity of the problems of the elderly and the time-consuming nature of the help they need make service for this group a community problem of considerable consequence. It is not one of the big, visible problems usually mentioned at meetings of local residents, however.

Work with the elderly has absorbed a substantial amount of time in the form of service of a type not originally pictured as appropriate for the project, but clearly needed. Most of the work has been noneducational. It has included many personal services needed because of physical disability, morale building needed because of isolation and fearfulness, and much help and encouragement in the use of community resources.

It is clear that the problems confronting the low-income urban elderly and their capability for dealing with these matters have presented the family assistant with a challenge different from that she met with families in other stages of the life cycle.

Demographic Data

The elderly group included 93 adults contacted by the project in the period May, 1969 to March, 1971. Exact ages are not known, but most were well over sixty. Two severely handicapped middle-aged adults were included because of the similarity of their life styles and needs for service.

Elderly persons known to the project were studied as a subpopulation twice. The first study included 41 served between May, 1969 and February, 1970. The second study included 38 elderly with whom work started between February 1 and December 1, 1970. There was very little difference in work with the two groups, although in May, 1970 there had been a major shift in policy toward more emphasis on educational efforts. Fourteen additional elderly persons were identified and/or added in December, 1970 and January, 1971. Included in this group were seven elderly persons bringing up young

grandchildren. They had previously been treated in our analysis as a separate category. The present review includes all elderly persons known to the project and makes comparisons with the total population served from May, 1969 to March, 1971.

Residence

Forty percent of the elderly persons served by the project lived in Wyckoff Gardens (Table 1). Wyckoff is a fairly new project with 153 of its 527 units reserved for senior citizens. (Twenty-four percent of the elderly families were contacted with 20 percent receiving continued service.) Gowanus has no units specifically for senior citizens. The staff of the Red-Hook-Gowanus Health Center estimates that 15 percent of the 160,000 population of the Red-Hook-Gowanus health district are over sixty-five and that the percentage will increase as the full impact of New York State Mental Hygiene Department policy is felt. (Senile patients not requiring hospital care are being returned to the community.)

Ethnic Origin

Ethnic origin was similar to that of others served by the project except that the percentage of whites is more than twice as high for the elderly as for the total group (Table 2), and the percent of Puerto Ricans lower. Twenty-five percent had enough trouble with English to be considered language problems.

Source and Amount of Income

The most frequent source of income was public assistance from the City Department of Social Services. In other cases a member of the family was employed, grown children provided support, the elderly person received a social security payment, or a widow's pension. For some, the source of income was unknown.* All through the Family Visit Reports there were details indicating severe poverty, and in only one or two instances was there any prospect of increasing income from employment. Among elderly families a higher percent received public assistance than among the group of families visited as a whole (Table 3). The elderly were primarily dependent on transfer income, such as welfare and social security payments, or pensions.

* Information about source and amount of income is often difficult for the family assistants to obtain, especially if it is not public assistance.

Living Arrangements

The majority of the elderly persons live by themselves, a factor which contributed to their isolation and loneliness and aggravated their inability to take care of daily tasks (Table 4). Another substantial proportion lived with relatives, but often the elderly person, or relatives, or both found the arrangement uncongenial.

How the Project Got in Touch With Elderly Persons

Most of the service to elderly persons was established through personal contacts rather than agency referrals. There was some ambiguity in the reports as more than one source of referral was sometimes checked. We do not know how the elderly persons' families and friends heard about the project. Table 5 shows the sources of referrals, up to December, 1970, with friends, family, and door-to-door visiting clearly the most frequent means of contact in reaching the elderly. Inspection of data received after December, 1970 showed there was little variation in this pattern, so the tabulation was concluded at that point.

Duration of Service, Frequency of Visits, and Reasons for Termination

The chronic nature of the problems and the related services is reflected by the duration of service to the elderly and the frequency of family assistant visits. Of the 93 contacts 24 (26 percent) were still receiving service as of March, 1971, while 131 (21 percent) of all families contacted by the project were still being served when it ended. The elderly were more likely to want continued service than were the total number of families reached. The percentage of one-visit contacts among the elderly was 12 percent, while for the total number of families it was 25 percent. (Once contacted, service continued for many until the end of the project.) And, as might be expected, the average number of visits per elderly family was greater than that for the total number of families served (excluding one-visit families), 16.1 compared to 14.8. All in all, the number of visits to elderly persons has been high (1322 visits, or 26 percent of the total number of visits to all families, excluding one-visit families). For the group served longest -- the 23 persons contacted from May to September, 1969 and still being served in December, 1970 -- there had been a total of 535 visits as of December 1, 1970 (average 23.3 visits per family).

Duration of contact tended to be longer for the elderly, with service continuing more than a year for 25 percent compared to only 14 percent for all other families (Table 6). Some families were considered active contacts for six months even though only one visit was made. In other cases there were periods of intense activity, including taking a person home for the night, followed by periods of no activity. In a few instances there was a pattern of a weekly visit for shopping and talking which went on for several months. When these visits took half a day and involved a team of two family assistants, the investment of time was substantial. (Trips to clinics, stores, etc. are all reported as "visits.") Sometimes an agreement was reached that the elderly person would call the family assistant when he needed to go to the doctor again. Some of the family assistants found ways to reduce the time they spent actually accompanying people to clinics by following a system approved by the clinics. This was to telephone for a car, helping the older person to get ready, and aiding them into the car.

Specialization By Family Assistants

All but six family assistants had at least one older person to work with. Some specialization occurred. One family assistant who was a senior citizen herself worked with 14 of the elderly families, and two other family assistants each worked with seven or eight. In addition, three teams of family assistants served six or seven of these families.

Reasons for Termination of Service

Reason for termination was reported for 66 percent of the elderly and for 62 percent of the nonelderly. Among the elderly for whom a reason was given, 50 percent were terminated only because of the closing of the project. This was almost double the percent of others closed for this reason. Only 13 percent were terminated because the problem was solved and lower percentages because of death, moving to an institution or out of the area. For other age groups "problem solved" and "explained project only" were more common.

Some reasons for termination reported for younger families, such as getting a job either in the project or elsewhere, did not occur among the elderly. (See Table 7)

Problems and Services

The most prevalent problems were those of aging persons everywhere: declining physical strength and chronic health problems; declining mental alertness; reduced income; isolation due to death of spouse; departure of children and declining mobility; declining independence and self-sufficiency; and changing housing needs. The services given by family assistants were primarily attempts to relieve some of the discomforts and difficulties arising from the underlying problems.

Problem Typology

Problems mentioned in Family Visit Reports were classified and tallied for all families visited more than once. Most problems fell in the following groups: school; health; housing; welfare; neighborhood problems; legal and consumer fraud; employment; language handicap; isolation, loneliness; personal, confidential.

Note that a welfare problem meant difficulty in establishing eligibility, or interruptions, or inadequacies, not the status of being dependent on public assistance. Similarly, belonging to a minority group, or being old was not by itself considered a problem.

A simple typology was developed from this classification of problems in order to distinguish families with relatively light or medium problem loads from "multiproblem" families. The theory was that families most receptive to an educational program would be found among those with fewest problems.

Twenty-one percent of elderly families were classified as multiproblem, compared to 12 percent of other families (Table 9). For 26 percent, whatever other problems they had were aggravated by inadequate command of English, again higher than the corresponding figure for the others served.

Major Problems

Health and Related Problems. In over 80 percent of the families poor health was one of the immediate reasons for needing help (Table 3). In one or two cases there was a temporary illness with no need for help afterwards, but in the others the problem was chronic -- heart trouble, asthma, swollen legs, eye trouble, etc. Several were recognizably depressed or a "little senile." In several cases discussion centered around the old person's fear of going to the doctor or the hospital, while in others the main service asked of the family assistants was help in getting to the doctor or dentist.

The family assistants have sometimes told older people about a medical resource they did not know existed and have helped them obtain medical care. It was more common for the older person to know where the clinic was, but to be physically or emotionally unable to get there alone.

Welfare. A high percentage of the elderly were dependent on public assistance, and 58 percent of the elderly had welfare problems. That is, there was some difficulty in getting an appropriate amount or type of help when needed, the recipient got the "run-around," or funds were not adequate to meet recognized needs. This situation was magnified when a state-wide reduction in welfare allowances went into effect during the period studied (July, 1969), and was restored later, but cut again in 1971.

Isolation. In one record after another family assistants mention the loneliness of the elderly. They were not successful in getting their clients to increase their participation in community life. There was a suggestion that some appealed to the project (or were referred) when they were unable to go to the Senior Citizen Center. Others apparently had never participated in the center.

Some family assistants mentioned stopping by every day or several times a week, although these stops were not usually counted in their records as "visits." Others found the older person so eager for company that they had trouble getting away.

Housing. Those with acute housing problems were usually living in badly deteriorated buildings in the area around the housing projects. In some cases the urgency arose from a health problem, such as no longer being able to climb the stairs and consequently being isolated and helpless. In others, pressure to move came from the landlord who wanted to renovate, or from a grown son, daughter, or daughter-in-law who wanted the elderly parent out of a shared apartment.

Family assistants helped file applications with the Housing Authority, but few applications were successful, partly because there were few vacancies and partly because of the Housing Authority rules. Several of the elderly who were trying to get into public housing could not because they were living with an adult son on whom they were partially dependent for physical or financial support. The rules of the Housing Authority were often baffling to families and project staff alike.

When a housing problem was mentioned in connection with an elderly resident of a housing project, the cause was usually conflict with relatives rather than overcrowding or physical condition of the building as in private housing in the area. Some moved into old people's homes or nursing homes. The family assistants tried to find temporary shelter and kept in touch with personnel from the Department of Social Services.

Less frequent Problems. Clothing, money management, surplus foods and stamps, sewing, and legal problems were mentioned by 20 percent or more of the families. Inability to speak English was mentioned in 22 cases (mostly Spanish). These were usually cases in which dealing successfully with an official agency or obtaining help from a medical resource required more English than the person could command.

Employment was mentioned in only nine cases. For example, one of the middle-aged handicapped adults was interested in part-time work and one of the senior citizens asked a family assistant to help her daughter-in-law find work after a brief mention of trying to find part-time work herself.

Services Given By Cornell-OEO Project*

Personal Service. Under this heading are placed all the physical care, errands, and help that are primarily due to declining mobility, independence, and resourcefulness. Personal service was the most frequent type of service given, occurring in 40 percent of the visits with 56 percent of the families (Table 10), according to tabulations as of December 1, 1970.

The help given the greatest number of people was that of accompanying them to clinics, doctors, hospitals, and dentists for physical and emotional support, and sometimes serving as translator. This type of help was classified as "personal service" during the first year, but as "expediting - help and interpretation" later.

Many of the older people were too unsteady to walk any distance alone and therefore asked family assistants to do a great variety of errands. The most repetitious kind of help was shopping; usually this meant picking up a weekly order at the consumers' club, groceries, or prescriptions. In a few instances service of this type was given every week for several months.

* A list of the classification of services used by the research staff can be found in the Introduction.

Less frequently there was help with bringing home surplus food, accompanying a person to a business office, a store, or on a search for housing.

In several cases the family assistant gave an elderly person a shampoo or combed her hair and helped her with her clothes. A fairly frequent type of assistance has been help with house cleaning. One family assistant polished furniture before Christmas because this was what the elderly lady really had on her mind, but explained that they both knew this was not a regular part of the family assistant's job.

The project tried from the beginning to avoid letting family assistants take on the role of domestic help. Many requests of this type were received in spite of the director's efforts to explain the purpose of the project. It was very natural for the family assistants to help a little, as they would if they were visiting a sick friend, or if they were working side-by-side with a homemaker in a teaching situation. Sometimes they helped out while arrangements were being made for a regular housekeeper through the Department of Social Services. Apparently there were differences in interpretation of the family assistant's role from one family assistant to another, especially on the subject of the amount of housework they did. (This was true particularly during the first year.)

The confidence they inspired is suggested by the fact that several elderly people asked the family assistant to go to the bank to cash a check for them, to pay their bills, and to pick up mail. This was a real tribute in an area where many people are fearful of anyone who comes to the door.

The daily crises faced by a person who can no longer do things for himself came out clearly; for example, the panic of somebody who cannot get out to pay his telephone bill and cannot call for help without a telephone. Others needed help with communications: translations, reading and writing letters, getting papers straightened out for funeral arrangements.

Just as some family assistants seem to have taken on a mother substitute role with young couples, the family assistants who worked with the elderly were doing many things a grown son or daughter might do. We know very little about the grown children except when they lived in the same household. To determine whether the pattern reported was typical of the neighborhood was beyond the scope of this study.

Morale Building. This service was reported for 15 percent of the visits. The family assistants often mentioned how much more contented an

elderly person was when they visited regularly. They sometimes tried to get the person to attend the Senior Citizen Center at Wyckoff Gardens or at least to sit outside where he would see other people. The family assistants' interest and concern apparently were reassuring.

Expediting. Three types of expediting were identified. All three enabled families to make use of resources, either by providing physical help with transportation, baby sitting, or translation, as described under "personal services"; or by giving information about agency services, eligibility or procedure; or by actively intervening to obtain services.

Expediting - Educative. As would be expected, the resources about which the family assistants most frequently gave information were medical: clinics, medicaid, and pertained to medicare offices. Second most frequent was information about the neighborhood consumers' club, and the third was surplus foods. Others mentioned at least once or twice were social services, community activities including the Senior Citizen Center, housekeeper service, prekindergarten for grandchild, OEO Legal Services, a multiple sclerosis agency, and the Social Security Office.

Expediting - Intervention (or Advocacy). Any action needed to obtain services when following routine procedures had been ineffective was classified as intervention. This service was performed least often with the elderly. The agency with which this type of help was needed most often was the Social Service Department. Medicaid and the telephone company came next. The Legal Aid Society, Public Housing Authority, and the plumber were each mentioned once. Very little distinction was made between tax-supported service agencies and public utilities and service businesses on which people are dependent.

Although impossible to document, the impression gained from the records is that family assistants increased in their knowledge and skill in making use of resources on behalf of their families.

Teaching. Among the group of 79 elderly families who were studied in 1970, teaching was mentioned four or more times for only 11 families. Teaching usually consisted of providing shopping information or a demonstration in the apartment of cleaning methods, sewing techniques, or food planning or preparation.

The tone of the activity is evident in quotations from two outstanding examples from more articulate family assistants.

Mrs. G: "Homemaker suffers arthritis and high blood pressure. FA has been teaching easier and faster ways to do household chores such as cleaning, storing items so as to be easily reached. FA helped woman to learn quick nutritious and appetizing meals for her restricted diet, also has done comparison shopping for diet foods on very small income."

Mr. I: "Talked about nutritious meals and food shopping."
"Showed how to clean the kitchen with ammonia."
"Showed how to decorate his apartment. Gave him many ideas."
"I showed inexpensive steak cooking in oven."
"He is trying to learn everything I could teach. He is taking a lot of time to do most of things but he is trying to have clean and pretty apartment."

Table 11 is a summary of teaching frequency, type, and topic for the 11 elderly families for whom teaching was mentioned four or more times. There was no opportunity for preoccupancy work with prospective tenants of public housing. No work on choice of fabrics or furnishings with new tenants was reported.

Conclusion

Nineteen percent of the homemakers receiving service during the project's 23 months of operation were elderly or severely handicapped adults. Almost all lived alone or with another elderly person. Only a handful posed temporary problems such as help after a short illness. A few were bringing up grandchildren. It was more common for health to be declining and dependency on others for daily assistance in living to be increasing. A few required almost constant attention for a few days while long-term living arrangements were being made by the family or another agency, but the typical pattern was a regular visit to the elderly person's home, sometimes weekly for several months. Visits often lasted three or four hours.

By the very nature of the situation little of the time with this group went into any activity that could be called teaching. More common was personal service of many kinds, especially accompanying the elderly to

doctors and clinics and doing errands. Almost all had health problems which limited their ability to get around independently. If a similar project attempts to work with elderly persons, the family assistants should be well informed on other resources available for physical help. Their training should include specific teaching techniques and information appropriate for the elderly if they are going to work with the elderly in a teaching relationship.

The family assistants responded to human needs in a very compassionate way. Many reports showed how badly the elderly people needed help, and how they clung to the family assistant who showed interest and maintained their contact with the outside world and their ties to sources of essential services like grocery and drug stores. Working with older people absorbed a large proportion of the family assistants' time. The pressure to help these people came from external sources (the Health Department and housing management); from the family assistants' recognition that the service they gave was within their capacity and was needed and wanted; and from the old people themselves.

The kind of work the family assistants performed was badly needed and is needed now that the project has ended. An attempt should be made to develop service for the elderly through an ongoing agency, or perhaps through a new one.

Table 1

Frequency and Percentage Distribution of Elderly and
Other Families According to Residence

<u>Residence</u>	<u>Elderly</u>		<u>Others</u>		<u>Total</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Wyckoff	36	40	75	20	112	24
Gowanus	14	15	102	27	116	25
Area	<u>42</u>	<u>45</u>	<u>197</u>	<u>53</u>	<u>239</u>	<u>51</u>
Total	93	100	374	100	467	100

Table 2

Frequency and Percentage Distribution of Elderly and
Other Families According to Ethnic Group

<u>Ethnic Group</u>	<u>Elderly</u>		<u>Others</u>		<u>Total</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Black	33	36	137	37	170	36
White	15	16	16	4	31	7
Puerto Rican and other Spanish-speaking	<u>45</u>	<u>48</u>	<u>221</u>	<u>59</u>	<u>266</u>	<u>57</u>
Total	93	100	374	100	467	100

Table 3

Frequency and Percentage Distribution of Elderly and
Other Families According to Welfare Status

<u>Receive Welfare</u>	<u>Elderly</u>		<u>Others</u>		<u>Total</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Yes	53	60	167	53	220	54
No	<u>36</u>	<u>40</u>	<u>150</u>	<u>47</u>	<u>186</u>	<u>46</u>
Total	89	100	317	100	406	100
No information	4		57		61	

Table 4

Frequency and Percentage Distribution of Elderly
Families According to Living Arrangement

<u>Living Arrangement</u>	<u>Number</u>	<u>Percent</u>
Living with spouse	14	15
Living with another elderly person	2	2
Living with adult relative -- grown son or daughter, with or without children	12	13
Living with minor -- grandchildren or great-grandchildren; with or without spouse	8	9
Living alone	55	59
Began work with couple, one died; change did not result in termination	<u>2</u>	<u>2</u>
Total	93	100

Table 5

Source of Referral, as of December, 1969

<u>A. Local Sources</u>	<u>Number</u>
Tenant organization	0
Housing project management	4
Personal acquaintance (of FA)	6
Door-to-door visiting (offering help)	9
Friend (of elderly person)	11
Family asked for help	10
Minister	0
Other	2
Not stated	1
 <u>B. Community Agencies</u>	
Legal Services	0
Other OEO agency	0
Public welfare	1
Private welfare	0
Schools	0
Health agency	2

Table 6a

Frequency and Percentage Distribution of Elderly and
Other Families According to Number of Visits

<u>Number of Visits</u>	<u>Elderly</u>		<u>Others</u>		<u>Total</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
1	11	12	104	28	115	25
2 - 5	26	28	90	24	116	25
6 - 9	16	17	53	14	69	15
10 - 14	9	10	36	10	45	9
15 - 19	9	10	28	7	37	8
20 - 29	5	5	26	7	31	7
30 - 39	8	9	25	7	33	7
40 - 49	3	3	4	1	7	1
50 +	<u>6</u>	<u>6</u>	<u>8</u>	<u>2</u>	<u>14</u>	<u>3</u>
Total	93	100	374	100	467	100

Table 6b

Frequency and Percentage Distribution of Elderly and
Other Families According to Duration of Contact

<u>Duration of Contact</u>	<u>Elderly</u>		<u>Others</u>		<u>Total</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
1 month	17	18	123	33	140	30
2 - 6 months	31	33	128	34	159	34
7 - 12 months	22	24	69	19	91	19
13 - 18 months	18	20	42	11	60	13
19 - 23 months	<u>5</u>	<u>5</u>	<u>12</u>	<u>3</u>	<u>17</u>	<u>4</u>
Total	93	100	374	100	467	100

Table 7

Reasons for Termination of Service for the Elderly
and Other Families Served

Reasons for Termination	<u>Elderly</u>		<u>Others</u>		<u>Total</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Problem solved	8	13	72	31	80	27
Temporary absence	1	2	5	2	6	2
Permanent departure from area	5	8	17	7	22	8
Family not interested	3	5	10	4	13	4
Service needed not appropriate	4	6	5	2	9	3
Long-term contact, little progress	0	-	4	2	4	1
Other:	6	10	14	6	20	7
a. Death	(4)				(4)	
b. Moved to institution	(2)		(1)		(3)	
c. Took job	-		(8)		(8)	
d. Became FA	-		(5)		(5)	
Project closing	31	50	64	28	95	32
Explained project only	<u>4</u>	<u>6</u>	<u>43</u>	<u>18</u>	<u>47</u>	<u>16</u>
Total	62	100	234	100	296	100
No explanation	31		140		171	

Table 8

Number of Elderly Families Mentioning Problem at Least Once

	<u>Number</u>	<u>Percent</u> (N=93)
Health	78	84
Welfare or social security	54	58
Isolation or loneliness	41	44
Housing	40	43
Personal, confidential	28	30
Language handicap	22	24
Neighborhood	9	10
Legal and consumer fraud	9	10
Employment	9	10
School	2	2

Table 9
Frequency and Percentage Distribution of Elderly and
Other Families According to Problem Typology

<u>Problem Typology</u>	<u>Elderly</u>		<u>Others</u>		<u>Total</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
1 Few problems	17	(2) 21	104	(15) 40	121	(17) 35
2 Medium number of problems	47	(13) 58	128	(30) 48	175	(43) 51
3 Multiproblem	<u>17</u>	<u>(6) 21</u>	<u>32</u>	<u>(6) 12</u>	<u>49</u>	<u>(12) 14</u>
Total	81	(21) 100	264	(51) 100	345	(72) 100
Not classified	12		110		122	
Language handicap*	21	26	51	19	72	21

* Numbers in parentheses above indicate the number of language problems within each group.

Table 10
Rank Order Listing of Services Performed for the Elderly
Based on Number of Visits and Number of Families
As of December 1, 1970

<u>Service Performed</u>	<u>Number of visits</u>	<u>Percent of total (N=952)</u>	<u>Number of families</u>	<u>Percent of total (N=79)</u>
Personal service	386	41	44	56
Teaching	152	16	35	44
Moral support	140	15	39	49
Expediting - help and interpretation	132	14	41	52
Expediting - educative	129	14	52	66
Expediting - intervention	59	6	25	32

Table 11
Teaching Eleven Elderly Families
(May, 1969 - December, 1970)

Identification Code Letter	Number of Times Teaching Was Done	Total Visits	Type of Teaching
A	6	27	Preparation of American food and comparison shopping.
B	10	42	Comparison shopping, consumer market information, food preparation, sewing.
C	4	36	Food preparation; taught him about buying clothes at Tall Men's Shop.
D	15	25	Shopping information, food preparation, cleaning demonstration, information about money management and credit buying.
E	13	24	Food preparation, comparison shopping, sewing, knitting
F	10	17	Clean refrigerator, stove; food preparation, sewing, shopping for good used furniture.
G	23	35	Cleaning devices, planning and preparation of nutri- tious meals, dress alteration, comparison shopping, diet planning, defrost refrigerator, clean stove.
H	6	28	Cleaning short-cuts, comparison shopping, explained basic nursing procedures, food preparation.
I	18	22	Storage, refrigerator, cleaning, curtain hanging, clean kitchen, repair TV, apartment decoration, cooking, budgeting, balancing meals.
J	4	9	Meal planning, diet regulation, food preparation.
K	4	13	Sewing, comparison shopping, oven cleaning, wall papering demonstration, food preparation.

FAMILIES WITH ONE VISIT ONLY:
A POPULATION SUB-SAMPLE SERVED BY THE CORNELL-OEO PROJECT IN SOUTH BROOKLYN

Introduction

During the 23 months of service to families (May, 1969 - March, 1971) reports were submitted for one-to-one contacts with 467 families. However, for one-quarter of these, or 115, only one visit report was received. The research staff encouraged the family assistants and group workers to report on one-visit families whenever possible even though information was minimal. The reasons were: 1) to help account for the time family assistants were spending on door-to-door recruiting; 2) to help identify sources of appropriate and inappropriate requests for project service; 3) to contribute to the understanding of the whole process of recruiting families to work with and factors associated with interest or lack of interest in home management education.

Family assistants sometimes knew immediately that they would not be going back to a family because the family was not interested or the service requested by the family was not appropriate for the project to give. It was agreed that these contacts would be recorded and classified as "M" for minimum contact and that the research staff would not press for additional information about "M" families.

In other cases, the family assistant expected the first contact to develop into a more sustained relationship. In these cases also, the information was not always complete because the family assistant usually found it awkward to ask for full family data during the first visit. In still other cases it is likely there were unreported contacts which had they been reported would have removed the families from the one-visit category.

Experience with One-Visit Families

It is difficult to determine just what services the family assistant performed for the families for whom there is only one visit report. Apparently a limited amount of teaching took place for 16 of the 68 families for whom the contact was more than simply explaining the project. In most of these cases the family assistant took the family on a comparison shopping

tour. Other teaching involved furnishing recipes for surplus food.

Personal service was provided for at least four of the families--baby-sitting, accompanying to the clinic, or shopping for the family. Furniture and clothing were given to at least three families.

For several families, the service given could probably be classified as expediting--translating and interpreting for a Spanish-speaking family, helping to fill out a housing application, or making a phone call to ask a landlord to provide heat. There is evidence that the family assistants found apartments for two or three families.

A surprising number of the one-visit families were terminated because the problem was said to be solved (35 percent compared to 24 percent for other families) (see Table 10). "Solving the problem" included referrals to other agencies, filing applications for housing or medicaid, finding apartments, taking the family on a shopping tour, or furnishing recipes.

For 19 of the 115 one-visit families no reason was given for not continuing the contact, and for almost half of the remaining families the contact was an explanation of the project only. Again, it is quite likely that many of those for whom the problem was solved were visited more than once but that contacts were unreported.

Lines of Inquiry - Implications for Recruiting

Attempts to keep track of the time family assistants were spending recruiting new families were unsuccessful. No exact account was made of family assistant time at the beginning of the project when many of the one-visit contacts were made. However, each newly trained class had the task of finding families to work with.

The source of referral proved to be an unproductive line of inquiry. At the beginning, the key staff approached families suggested by the housing management and tenants' association leaders. Other agencies serving the area were invited to make referrals and some did so. However, few of the families suggested by the other sources responded to the project's overtures. In addition, some referrals were inappropriate. At the beginning, the family assistants' role was sometimes assumed to be that of a substitute homemaker or housekeeper. (There was never enough information about appropriate and

inappropriate referrals to be used to good effect.) Contacts with the great majority of families were the result of personal acquaintance or the knocking on doors to offer the project's service.

The main value of examining the data about one-visit families was to see what could be learned about the recruiting process. In many projects recruiting of families and assignment to aides is done by the supervisory staff, but this was the case only at the beginning of this project. Each aide was expected to be working with at least five families at a time. A family assistant with fewer than five families had an incentive to continue to approach people and to try to find a basis for an on-going relationship. Many family assistants found this process was slow and difficult. Both written reports and conversations with family assistants and key staff confirmed this. The family assistants reported that the reception they got became more friendly after the project became known, but that approaching strange families was always an ordeal for some.

Comparison of Family Assistants' Work with One-Visit Families and with All Other Families

Could differences in the outcome of contacts be accounted for by differences among the families or were they primarily due to variations in the approach and the interpretation of the project's services made by the family assistant?

Table 11 shows the family assistants in numerical order, the number of one-visit families on whom they have reported, the total number of families visited by them, and the percent the one-visit families comprise of the total number of families visited by each.

The number of families visited only once ranges from 0 to 20 per family assistant or team. The team who reported 20 was atypical. Most of their one-visit families were seen during a period of door-to-door recruiting at the beginning of the project.

Differences among family assistants are easy to see but interpretation is difficult.

The one-visit families were compared with all other families with whom the project established a more lasting tie to determine significant differences between the two groups. Comparisons were made with respect to the major

characteristics for which data were available. There was not enough information to classify one-visit families according to the problem-load typology, which proved to be the critical classification for predicting length and type of service. The one-visit group may thus include both self-sufficient families with no need for service and multiproblem families who would have been considered appropriate early in the project but not after the policy shift in the spring of 1970 which mandated concentration on consumer education and home management.

In general, the differences between the one-visit families and the other families were not great. The one-visit families were more likely to live in the area and less likely to live in Wyckoff Gardens than other families, and there appeared to be a higher proportion of welfare families among the one-visit families. There was a smaller percentage of the elderly and of persons living alone among the one-visit families. A detailed comparison of the two groups follows.

Period of First Contact (Table 1)

Table 1 indicates the number and percentage distribution of the one-visit families compared to the total number of new families in each reporting period. The smallest proportions of one-visit families were in the October-December quarters of 1969 and 1970 (the second and sixth periods). There was a slightly larger proportion of one-visit families in the first and third periods. Since the family assistants were involved in phase-out training during the final March - June, 1971 period, it is not surprising that three out of the seven new families contacted had only one visit.

Residence (Table 2)

The families with one visit only were more likely to live in the area and less likely to live in Wyckoff Gardens than other families. Fifty-seven percent of the one-visit families lived in the surrounding area compared to 50% of other families, and 16% lived in Wyckoff compared to 26% of other families.

Ethnic Origin (Table 3)

The distribution of one-visit families by ethnic origin was almost the same as for all families.

Stage in Family Life Cycle (Table 4)

The one-visit families include a higher percentage of families with teenagers and of very young couples, and a lower percentage of the elderly than the families with more than one visit (10% compared to 22%). For 26 of the 115, not enough information was available to classify the family, and this might change the percentages if not evenly distributed.

Head of Household (Table 5)

There is no substantial difference between the one-visit families compared to other families on head of household, although the percentage of female-headed households is slightly larger for the one-visit families.

Number in Family (Table 6)

The average number per family was almost the same for both one-visit and other families. However, there was a smaller proportion of persons living alone who were visited only once (14% compared to 21%). This may reflect the smaller proportion of the elderly among the one-visit families.

Welfare Status (Table 7)

The proportion of families receiving welfare assistance appeared to be higher for the one-visit families than for other families (63% compared to 52%), but since information was available for only 75 of the 115, this proportion could be misleading.

Employment Status (Table 8)

Less than half of all families had some member of the family employed (44% for the one-visit families compared to 42% for others). However, for the male-headed households among the one-visit families, two-thirds (28 of 41) males were employed. In addition, 16 females were employed either full or part time. The family assistants may have helped find employment for two of these. The contact in some cases could not be continued because the woman's working hours conflicted with the family assistants' hours.

Problem Areas (Table 9)

For 47, or 41%, of the 115 families the family assistant offered help or

explained the project only, and therefore no information was available on problems. Housing led the list of problems mentioned for the 63 other families (34%). Shopping was next with 19%, followed by health and welfare or medicaid problems. Other problems mentioned were legal problems, problems with children, interest in employment (two wanted to become family assistants), and need for furniture and clothing. Language problems were mentioned for only four, although it is quite possible that many more may have had this problem.

No more than two problem areas were mentioned for any of these families, but for other families problem areas often were not reported on the initial visit.

Table 1

One-Visit Families Compared to Other Families By Period of First Contact

Period of First Contact	One-Visit Families		All Families		Percent of One-Visit Families Contacted in Each Period*
	No.	%	No.	%	
1 May - Sept. 1969	43	37	147	31	29
2 Oct. - Dec. 1969	11	10	61	13	18
3 Jan. - March 1970	22	19	79	17	28
4 Apr. - June 1970	25	22	107	23	23
5 July - Sept. 1970	8	7	40	9	20
6 Oct. - Dec. 1970	2	2	26	6	8
7 Jan. - March 1971	3	3	7	1	43
Total	115	100	467	100	

*Number of one-visit families contacted in each period divided by number of all families contacted in the same period.

Table 2

One-Visit Families Compared to Other Families By Residence

Residence	One-Visit Families		Other Families		All Families	
	No.	%	No.	%	No.	%
Myckoff	19	16	93	26	112	24
Gowanus	31	27	85	24	116	25
Area	65	57	174	50	239	51
Total	115	100	352	100	467	100

Table 3

One-Visit Families Compared to Other Families By Ethnic Origin

<u>Ethnic Origin</u>	<u>One-Visit Families</u>		<u>Other Families</u>		<u>All Families</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Puerto Rican	60	52	174	50	234	50
Other Spanish-speaking	8	7	24	7	32	7
Black	42	37	128	36	170	36
White	5	4	22	6	27	6
Other	0	-	4	1	4	1
Total	115	100	352	100	467	100

Table 4

One-Visit Families Compared to Other Families By Stage In Family Life Cycle

<u>Life Cycle</u> (Use classification)	<u>One-Visit Families</u>		<u>Other Families</u>		<u>All Families</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
1	3	3	11	3	14	3
2	17	19	46	13	63	14
3	24	27	85	24	109	25
4	14	16	61	18	75	17
5	17	19	39	11	56	13
6	1	1	6	2	7	2
7	4	5	26	7	30	7
8	9	10	77*	22	86	19
Total	89	100	351	100	440	100
Don't know	26		1		27	

*One of these who had two visits was counted as one visit in the elderly report because a second visit report was received later.

Table 5

One-Visit Families Compared to Other Families By Head of Household

<u>Head of Household</u>	<u>One-Visit Families</u>		<u>Other Families</u>		<u>All Families</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Male	41	49	180	52	221	51
Female	43	51	168	48	211	49
Total	84	100	348	100	432	100
Don't know	31		4		35	

Table 6

One-Visit Families Compared to Other Families By Number in Family

<u>Number in Family</u>	<u>One-Visit Families</u>		<u>Other Families</u>		<u>All Families</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
1	11	14	75	21	86	20
2	14	17	53	15	67	15
3	13	16	42	12	55	13
4	18	22	45	13	63	15
5	10	12	53	15	63	15
6	6	7	30	9	36	8
7	4	5	23	7	27	6
8	1	1	10	3	11	3
9	1	1	7	2	8	2
10 +	3	4	11	3	14	3
Total	81	100	349	100	430	100
Average	3.8		3.9		3.9	
Don't know	34		3		37	

Table 7

One-Visit Families Compared to Other Families By Welfare Status

Receive Welfare	One-Visit Families		Other Families		All Families	
	No.	%	No.	%	No.	%
Yes	47	63	173	52	220	54
No	28	37	158	48	186	46
Total	75	100	331	100	406	100
No information	40		21		61	

Table 8

One-Visit Families Compared to Other Families By Employment Status

Employment	One-Visit Families		Other Families		All Families	
	No.	%	No.	%	No.	%
Husband employed	22	25	113	34	135	32
Wife employed	10	12	15	4	25	6
Both	6	7	10	3	16	4
Neither	48	56	200	59	248	58
Total	86	100	338	100	424	100
No information	29		14		43	

Table 9

Problem Areas for One-Visit Families

<u>Problem Areas</u>	<u>One-Visit Families</u>	
	<u>No.</u>	<u>%</u> (N=68)
Housing	23	34
Shopping	13	19
Health	9	13
Welfare or medicaid	8	12
Legal or consumer fraud	6	9
Children	4	6
Interest in employment (2 wanted to become FA's)	4	6
Language	4	6
Need for furniture and clothing	3	4

Note: For 47 or 41 percent of the one-visit families the family assistant offered help or explained the project only.

Table 10

Reasons for Termination for One-Visit Families
Compared to Other Families Served

<u>Reason for Termination</u>	<u>One-Visit Families</u>		<u>Other Families</u>		<u>All Families</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Problem solved	33*	35	47	24	80	27
Temporary absence	-	-	6	3	6	2
Permanent departure from area	3	3	19	10	22	8
Family not interested	8	8	5	2	13	4
Service needed not appropriate	5**	5	4	2	9	3
Long-term contact, little progress	-		4	2	4	1
Other:	-		20	10	20	7
a. Death			(4)			
b. Moved to institution			(3)			
c. Took job			(8)			
d. Became FA			(5)			
Project closing	-		95	47	95	32
Explained project only	47	49	-	-	47	16
Total	96	100	200	100	296	100
No explanation	19		152		171	

* Includes 7 referred to other agencies, 2 filed applications for housing, 2 applications for medicaid, 3 who found apartments with family assistant help, 4 who went on shopping tours with family assistants.

** Includes 3 who wanted information about becoming family assistants.

Table 11

Families Visited Since the Beginning of the Project
According to Their Family Assistant*

<u>Family Assistants</u>	<u>One-Visit Families</u>	<u>Total Number of Families</u>	<u>Percent of Total</u>
01,02	2	19	11
03,10	6	20	30
05,09	20	41	49
06,08	5	23	22
07,11	6	31	19
04,12	6	24	25
14	5	26	19
15	1	13	8
16	6	21	29
17	8	37	22
18	10	40	25
19	2	12	17
20	4	17	24
21	3	18	17
22	3	9	33
24/27	3	20	15
25/26	2	14	14
28	3	16	19
29	0	8	0
30	1	8	12
31	1	8	12
32	0	9	0
35	1	9	11
36	3	8	38
37	3	11	27
38	0	6	0

One-quarter of all families visited were one-visit families.

Three family assistants had no one-visit families.

* Does not include three family assistants who left the project soon after finishing training.

FAMILIES RECEIVING PROLONGED SERVICE:

A POPULATION SUB-SAMPLE SERVED BY THE CORNELL-OEO PROJECT IN SOUTH BROOKLYN

Introduction

In planning the project it was assumed that contact with a family would last about six months with the family assistant visiting once a week. Key staff were encouraged from the beginning not to feel bound by the estimates in the proposal, however. The group workers did not attempt to set time limits except occasionally to encourage family assistants to discontinue work with families if no progress was being made.* The time invested in work with some families was so much longer in months than expected and the number of visits for many was so much longer than expected that it seemed appropriate to see what happened and what was accomplished and, in particular, whether similar use of time should be anticipated in any future projects.

The number of months from the first to the last month in which a contact with the family was reported, inclusive, was used to identify length of service. Families included in this sub-study are all those for whom service continued for seven months or longer. In earlier studies for the six month's reports submitted June, 197 and December, 1970, prolonged service was defined in terms of termination date, but this distinction is no longer valid since all families have been terminated. It had also proved to be somewhat misleading in the earlier studies because the month of final contact seldom corresponded to the month in which termination was recorded. By the new definition 168 families, 36 percent of the total, were classified as prolonged service families.

The prolonged service families included high percentages of the

* This kind of review was made at the time of a policy change in May, 1970 in which the family assistants were directed to return to the original proposal and work with families in the fields of consumer education and home management only.

families with problems requiring rather specialized kinds of help. This subsample includes 74 percent of all the multiproblem families (type three) identified in the classification by problem load and only 31 percent of the families with few problems (type one). It also included 45 (or 63 percent) of all the families, identified as having a language handicap in the use of English and 46 elderly families, which is nearly half of the 93 elderly families served by the project (see section on the elderly). Included with the elderly were grandparents having grandchildren to care for.

More is known about the problems of the prolonged service group because there are more reports. One of the limitations in the study has been the lack of a "case study" or diagnostic study at any time in the contact with a family. No family visit report gave a very complete picture of a family, but when one had been visited ten or more times, there was frequently additional detail and confirmation of the problems mentioned in the beginning. After a number of visit reports had been received, the research staff could put together a picture of the total problem load and check for discrepancies. The typology described in the section on problem typology was developed mostly on the basis of reports on the prolonged service families.

During the course of the research staff's investigation, it was assumed that this additional information would open up several new areas for study. It was thought that there would be more chance to observe change, if any, than in shorter contacts. There might also be more chance to answer questions about the effectiveness of the program. In the first review of prolonged service families, in June 1970, these were phrased as whether work which started with attention to crisis or urgent problems would shift over into home management education as the problems were resolved and confidence established or whether on the other hand, work which started with home management information would shift in the direction of work with crisis or other types of problems. The basic question is whether it is necessary to attempt to do anything about the family's recognized problems if one wishes to help them with home management education. This question in turn, if we could answer it, would be some indication of the type of training that would have to be given to paraprofessionals assuming this role.

The prolonged service families provided a chance to identify the kinds of families who were responsive to the educational efforts of the family assistants. Repeated mention of teaching on home economics topics was interpreted as responsiveness. In many cases, all the topics were mentioned once, but not very many more times. This was interpreted as lack of responsiveness. The work with a family over a prolonged period of time also gave an opportunity to compare the work of different family assistants to see whether some were in effect specialists in any particular type of service. The data is not reliable enough to permit us to make firm distinctions between variations in the families and in the family assistants but at least there are some suggestions.

Description of Prolonged Service Sample.

1. Life cycle-(see Table 1): Twenty-eight percent of the prolonged service families were elderly, either with or without grandchildren. They are excluded from most of the further analysis of the prolonged service families because they tended to skew the distributions, particularly toward the type three, or multiproblem, families. The percentage of all families classified as elderly was only 21. For other groups there was very little difference between prolonged service families and all families classified by life cycle.

2. Problem load typology. The concentration of elderly in the prolonged service type two and three groups is seen in Table 2. Removing the elderly leaves a total of 122 non-elderly prolonged service families with 34 in type 1, 67 in type 2, and 21 in type 3. While there is a concentration of multiproblem families in the prolonged service group, this group also includes many families not classified as multiproblem.

3. Residence (See Table 3) The prolonged service non-elderly families were divided among the three major residence areas in approximately the same proportions as all families served. However, the differences between type 1 and type 3 begin to appear in this table. In type 1, there is a higher percentage in Wyckoff and lower in the area while in type 3 the positions are reversed, with a low percentage in Wyckoff and a high percentage in the area. In several respects, including residence and other factors related to socio-economic status, the differences between types 1 and 3

within the prolonged service group are greater than the differences between the prolonged service group as a whole and all families.

4. Ethnic identification. (see Table 4) Differences from one ethnic group to another showed some variation from one problem type to another. When Puerto Rican and other Spanish-speaking groups are put together there is a larger percentage in type 3 and a smaller proportion of blacks. A high proportion (63 percent) of all the families known to have a language problem were in the prolonged service group.

5. Size of family. (see Table 5) The mean size of family for the prolonged service non-elderly families was higher than for all families, probably because the elderly were excluded. The numbers of families with more than six members are so small in all groups that generalizations would be unsound. We might note, however, that most units in the public housing project are not large enough to accommodate very large families and overcrowding is not permitted.

6. Head of household. (see Table 6) The difference between one group and another is greater than the difference between prolonged service and all families. All families were about equally divided between male-headed and female-headed households. For the prolonged service non-elderly, the percentages were male-headed, 63 percent, and female-headed, 37 percent. Among type 1 prolonged service non-elderly families, 91 percent had male heads and nine percent female, while in type 3, 38 percent had male heads and 62 percent female. This is one of the variables which seems to be very closely related to socio-economic status.

7. Employment status. (see Table 7) When all male-headed families are examined the percentage with husband employed is higher in type 1 than type 3. Four of the female heads of household in type 2 were employed and two in type 3.

8. Welfare status. (see Table 8) Among all families served, 54 percent were welfare recipients and 46 percent were not. The prolonged service non-elderly were evenly divided. This is another characteristic on which a big difference was between families in type 1 and type 3. In type 1, 18 percent and in type 3 81 percent of the prolonged service families were welfare recipients.

Volume of Service

In duration of contact the big difference is again between type 1 and type 3 with less than a third of the type 1 families receiving service for more than a year compared to almost three fourths of the type 3 families. (See Table 9). The division was more nearly equal for all prolonged service families.

A few families of each type received less than ten visits even though they were classified as having prolonged service because of the interval between first and last reported visit. (See Table 10). However, the mean number of visits was 17.8 for type 1, 25.5 for type 2, and 26.5 for type 3. In type 2, the mean number for families served for thirteen months or longer was 35.8. This was influenced by the presence in this group of six families with 50 or more visits. Both the duration and the numbers of visits indicate that there was an enormous investment of time on behalf of these families.

Pattern of Contact with Prolonged Service Families (see Table 11)

Another way to look at the amount of time spent with families is in terms of the number of visits per month. As stated above, the expectation was for a weekly visit continued for six months or less.

The comparison of patterns for type 1 and type 3 families indicates that most type 1 families were visited less than twice a month while the most common pattern for type 3 families was between two and three visits per month even for those whose contacts extended for thirteen months or longer.

In a few situations it appears that the family assistants may have neglected to record some visits, as for example, where only three to five visits were recorded in a twelve month period. On the other hand, some families appeared to have had visits when there was a problem and then an interval with no visits followed by renewed contact in relation to another problem. There are not enough of these to make any generalizations and it is not possible to be sure which are due to deficiencies in reporting.

Major services performed.

The major kinds of service given to the prolonged service non-elderly families are shown in Table 12. For this table, service was considered "major" if it was mentioned more often than or as often as any other kind of service. (For definitions of the kinds of service, see the introduction.)

Teaching was a major service for 85 percent of the type 1 families, 73 percent of the type 2 families, and 57 percent of the type 3 families. Expediting was a major service for only 6 percent in type 1, but rose to 22 percent in type 2 and 52 percent for type 3. Moral support, which frequently meant informal counseling and discussion of problems without a specific service, was reported as a major service for six percent in type 1, six percent in type 2, and 43 percent in type 3. Examples of the kinds of problems and the kinds of services given by the family assistants are described in the section on the Sample Families.

Amount of teaching reported.

Another way to define teaching as a part of the family assistants' work is to examine the percentage of total visits in which teaching was reported.

Services to type 1 prolonged service families. There were eleven non-elderly families who received visits for thirteen months or longer. For nine of these families most of the visits were devoted to teaching on some aspect of home economics.

Four families had 7 to 11 visits. The emphasis was on teaching in three out of four, especially after May, 1970 with three to six home economics topics checked at least once. One of these had no problems checked and the others had the usual health problems, etc., but none had very many. In the fourth family, the family assistant helped the family fill out forms in order to straighten out a legal problem about a visa and teaching was insignificant.

Three families had 16 to 21 visits. These were all primarily devoted to teaching with only a scattering of personal service and information about resources. These seem to follow the pattern of regular visits for several weeks or months, followed by less frequent visits.

Four families had 39 to 79 visits. For three of these home management information was a major topic even before May, 1970. For the fourth, the most frequent service was taking a child to school regularly to help an invalid mother. Home economics instruction was introduced during or after May, 1970.

Service to type 3 prolonged service families. Comparison of type 1 and type 3 families provides an adequate contrast. Fifteen type 3 non-elderly families were visited for 13 months or longer, with the number of visits ranging from 10 to 52. While teaching was mentioned as often as, or more often than, any other service as shown in Table 12, teaching was in no case mentioned in as many as half the visits to a family in this group.

The percent of visits including teaching ranged from 0 to 49 percent. Many other services were recorded, especially personal services and expediting of the intervention or advocacy type. There were also many discussions of problems with no classifiable indication of service. (Some of these may have been teaching.) For those for whom some teaching was reported, gaps in teaching seemed to correspond to family crises.

In four out of these 15 families there were mentions of teaching off and on throughout the months of contact, even when more attention was given to problem areas.

The influence of the May, 1970 policy change can be seen in the work with this group of families. In seven cases, there were four to eight mentions of teaching efforts in May, June and July, 1970, preceded and followed by concentration on other problems. In four cases of minimal teaching, contact was ended in May or June and sometimes resumed months later, with no teaching.

Visits were reported as late as February and March, 1971, for eight of these families. Only one of these was a family where teaching was a primary concern.

Family assistants were only partially successful in switching from other services to teaching with multiproblem families. In some cases, not giving other kinds of help meant ending or interrupting the contact with the families. In others, the family assistants reported trying to introduce home economics topics but these topics were quickly dropped. This

experience was a contrast with work with the type 1 families where there seemed to be a sustained interest.

As seen in discussion of the sample families, the families in this category had severe problems and the family assistants attempted to help with what they and the family regarded as most urgent.

Reflection of policy change. As mentioned above, the type of service changed more with type 1 families than with type 3. Another reflection of the policy change can be seen in Table 13 which shows the multiproblem families by period in which contact was started, compared with all families. More than half of all the families classified as multiproblem had their first contact in the first reporting period, May-September 1969. They comprised 18 percent of all families contacted in that period. In the October-December 1969 period, they comprised 16 percent of new families. In the period ending June, 1970 only two new multiproblem families were added, comprising two percent of the families added during that period. No multiproblem families were added after that although new contacts with other families continued to be made.

Characteristics of family assistants who worked with prolonged service families

Did some family assistants have some special proclivity for working with families for a prolonged period of time? Interpretations could be given along the lines of a family assistant's inclination to encourage a dependent relationship upon herself; the family assistant's dislike for the recruiting of new families, which many found difficult; and the family assistant's concept of what the project should be doing for families. There may also be important differences from one family assistant to another in their confidence in undertaking a teaching role as compared with their confidence in offering a repetitious type of service of a familiar nature, such as the kind of help with meal preparation which we have classified as personal service. We cannot give definitive answers; however, it seems likely that the major factor was the interpretation of the family assistant role developed by the first two groups of trainees and their perception of the needs of the people they approached.

All the work going on for 18 months or longer was done by the family assistants from the first two training groups. Though it was possible, very few in the third group worked with families longer than 13 months. The family assistants from groups 1 and 2 interviewed by Millie Konan in the spring of 1970 indicated very clearly that they regarded expediting as the most valuable service they were performing. This belief, plus the frequently expressed opinion that their role should be to help people and that consumer education was not much help could have influenced their selection of families to work with as well as the interpretation they gave families of what they could offer.

The family assistants who worked with prolonged service non-elderly multiproblem families were, (with one exception) all in the first two groups trained. Only two of the 19 women in these two groups had no such families. One had at least shared responsibility for five and the others each had one, two or three.

The family assistants who worked with type 1 families for seven months or longer were mostly from the first two groups of trainees. In addition six family assistants from groups three and four had prolonged service contact with nine different families. Looking at all the family assistants together, seven family assistants working in three teams and individually, worked with five to seven prolonged service families each. Only one of these had more type three families than type one families.

Eight additional family assistants had from two to four prolonged service families each, nine had one each and the others had none.

Again, all but one of the 15 family assistants with two or more prolonged service families were in the first two waves. They were equally divided among the three major groups in ranking on overall job performance. Among the top seven, only one had more type three families than type one and in the next eight, three had more type three than type one.

The inclination to maintain contact for a long period of time seems to be related more to the length of time serving in the project and the type of service encouraged at the time of training than to individual differences among family assistants, with a very few exceptions, and we do not have

an adequate basis for saying what the determining factor was in those cases.

In a few instances, there seems to be a difference in the choice of low problem or multiproblem families from one family assistant to another but there are too few cases for generalization.

SUMMARY AND CONCLUSIONS

1. Thirty-six percent of all families registered by the project received service for 7 months or longer although 6 months was the upper limit pictured when the proposal was written.
2. An enormous amount of time was spent on these families, much of it on repetitious service-type activities.
3. The prolonged service families included high percentages of the most time consuming families - 74% of all multiproblem families, 63% of those with a language handicap, and nearly half of the elderly.
4. Not all prolonged service families were multiproblem families. When 122 prolonged service non-elderly families were classified by problem load there were 34 in type 1, 67 in type 2, and 21 in type 3.
5. Service given and responsiveness to teaching efforts were related to problem load. The role played by the family assistant was predominantly teaching for families in type 1, but was predominantly expediting for type 3.
6. Almost all family assistants who stayed with the project long enough worked with one or more prolonged service families, and one or two had several.
7. A few family assistants assumed a teaching role most of the time, with all types of families, but most did very little teaching with type 3 prolonged service families. We have no way to match families to see whether one family assistant could establish a teaching role better than another.
8. A spontaneous shift to teaching after a long period of other service was almost never observed.
9. The effect of the May, 1970 policy shift was negligible on work with the type 1 families where teaching was already a major service.

10. With firm supervision after May, 1970, the emphasis of work with some prolonged service families shifted but for the majority the pattern already established was continued with or without a brief attempt at teaching.
11. With still others all service was terminated after a few attempts at teaching. In a few with whom contact continued for many months no teaching was ever recorded.
12. It is sometimes hard to tell whether the change was in the reporting or in the service.
13. The effect of the policy change was greater on work with new families than with those where a pattern had already been established. No new multiproblem families were taken on for prolonged service after June, 1970.
14. Evidence of outcome is disappointing in relation to the investment of time and energy, although some family assistants reported instances in which they found great satisfaction from seeing families getting along better.
15. Ambiguity both in the goals of the whole project and in the optimal role of the individual family assistant may have contributed to the pattern of prolonged service to so many families. The family assistants' ambivalence about their own roles and lack of security in undertaking teaching was apparently reflected in their continuing to visit families with whom relatively little progress was made and where service was repetitious. Left to themselves, many apparently were inclined to continue work with the same families month after month.
16. One implication is that clarification of role, help in maintaining the teaching role and firm leadership by the supervisor were needed to interrupt an inappropriate pattern and establish a new one.

Table 1

Frequency and Percentage Distribution of Prolonged Service Families According to Life Cycle, by Problem Typology, Compared to All Families

Life Cycle	Problem Typology						All Families	
	1		2		3		No.	%
	No.	%	No.	%	No.	%		
1	6	16	2	2	2	1	14	3
2	10	26	11	12	3	8	63	14
3	9	24	24	25	10	28	109	25
4	4	10.5	12	13	4	11	75	17
5	-	-	13	14	3	8	56	13
6	5	13	1	1	2	6	7	2
7	4	10.5	5	5	1	3	30	7
8			26	28	13	36	86	19
Total	38	100	94	100	36	100	440	100

Table 2

Comparison of Prolonged Service - Elderly and Non-Elderly Families According to Duration of Contact, by Problem Typology

Duration	Problem Typology						Grand Total	
	1		2		3		No.	%
	Elderly	Other Total	Elderly	Other Total	Elderly	Other Total		
7-12 months	3	23	16	39	4	6	91	54
13-23 months	1	11	11	28	11	15	77	46
Total	4	34	27	67	15	21	168	100

(122 nonelderly)

Table 3

Frequency and Percentage Distribution of Prolonged Service Non-Elderly Families
According to Residence, by Problem Typology, Compared to All Families

Residence	Problem Typology						All Families	
	1		2		3			
	No.	%	No.	%	No.	%	No.	%
Wyckoff	12	35	18	27	3	14	33	27
Gowanus	9	27	19	28	7	33	35	29
Area	13	38	30	45	11	53	54	44
Total	34	100	67	100	21	100	122	100
							467	100

Table 4

Frequency and Percentage Distribution of Prolonged Service Non-Elderly Families
According to Ethnic Group, by Problem Typology, Compared to All Families

Ethnic Group	Problem Typology						All Families		
	1		2		3		No.	%	
	No.	%	No.	%	No.	%			
Puerto Rican	12	35	31	46	10	48	53	234	50
Other Spanish	5	15	2	3	2	9.5	9	32	7
Black	15	44	30	45	7	33	52	170	36
White	2	6	2	3	2	9.5	6	27	6
Other	-	-	2	3	-	-	2	4	1
Total	34	100	67	100	21	100	122	467	100

Table 5

Frequency and Percentage Distribution of Prolonged Service Non-Elderly Families According to Number in Family, by Problem Typology, Compared to All Families

Number in Family	Problem Typology						All Families	
	1		2		3		No.	%
	No.	%	No.	%	No.	%	No.	%
1	2	6	6	9	0	-	8	20
2	4	12	6	9	3	14	13	15
3 - 4	8	23	18	27	8	38	34	28
5 - 6	11	32	23	34	6	29	40	23
7 - 8	6	18	8	12	3	14	17	9
9 - 10	2	6	5	7	1	5	8	4
11 +	1	3	1	2	0	-	2	1
Total	34	100	67	100	21	100	122	100
Mean	5.0		4.8		4.7		3.9	

Table 6

Frequency and Percentage Distribution of Prolonged Service Non-Elderly Families According to Head of Household, by Problem Typology, Compared to All Families

Head of Household	Problem Typology						All Families	
	1		2		3			
	No.	%	No.	%	No.	%	No.	%
Male	31	91	37	56	8	38	76	63
Female	3	9	29	44	13	62	45	37
Total	34	100	66	100	21	100	121	100
No information			1				1	35

Table 7

Frequency and Percentage Distribution of Prolonged Service Non-Elderly Households According to Employment Status, by Problem Typology, Compared to All Families

Employment Status for Male-Headed Households	Problem Typology						All Families	
	1		2		3			
	No.	%	No.	%	No.	%	No.	%
Husband employed	23	77	29	88	5	62	57	80
Both employed	6	20	1	3	-	-	7	10
Neither employed	1	3	3	9	3	38	7	10
Total	30	100	33	100	8	100	71	100
No information	1		4				5	
No male head	3		29*		13*		43	
							211	

* Six female heads employed (four from Type 2 and two from Type 3.)

Table 8

Frequency and Percentage Distribution of Prolonged Service Non-Elderly Families According to Welfare Status, by Problem Typology, Compared to All Families

Receive Welfare	Problem Typology						All Families	
	1		2		3			
	No.	%	No.	%	No.	%	No.	%
Yes	6	18	37	56	17	81	220	54
No	27	82	29	44	4	19	186	46
Total	33	100	66	100	21	100	406	100
No information	1		1				2	61

Table 9

Frequency and Percentage Distribution of Prolonged Service Non-Elderly Families According to Duration of Contact, by Problem Typology, Compared to All Families

Duration of Contact	Problem Typology				All Families	
	1		2		3	
	No.	%	No.	%	No.	%
7 - 12 months	23	68	39	58	68	56
13 - 23 months	11	32	28	42	54	44
Total	34	100	67	100	122	100
					91	54
					77	46
					168	100

Table 10

Frequency and Percentage Distribution of Prolonged Service Non-Elderly Families According to Number of Visits, by Problem Typology and Duration of Contact

Number of Visits	Problem Type 1				Problem Type 2				Problem Type 3				Grand Total	
	7-12		13+		7-12		13+		7-12		13+		No.	%
	Months	Total	Months	Total	Months	Total	Months	Total	Months	Total	Months	Total	No.	%
2 - 5	2	2	-	6	2	2	-	3	2	2	-	9	6	5
6 - 9	3	6	3	18	4	4	-	6	-	-	-	-	10	8
10 - 14	10	11	1	32	8	9	1	13	-	1	1	5	21	17
15 - 19	4	6	2	18	11	14	3	21	2	3	1	14	23	19
20 - 29	3	4	1	12	9	16	7	24	2	5	3	24	25	20
30 - 39	1	3	2	9	5	12	7	18	-	9	9	43	24	20
40 - 49	-	1	1	3	-	4	4	6	-	-	-	-	5	4
50 +	-	1	1	3	-	6	6	9	-	1	1	5	8	7
Total	23	34	11	101	39	67	28	100	6	21	15	100	122	100
Mean	13.7	26.5	17.8		18.1	25.5	35.8		15.7	30.9	26.5		23.5	

Table 11

Comparison of Type 1 with Type 3 Prolonged
Service Families According to Pattern of Contact and Duration

Pattern of contact no. of visits per month	Frequency Distribution					
	Problem Type 1			Problem Type 3		
	7-12 mos.	13+ mos.	Total	7-12 mos.	13+ mos.	Total
Less than 1	6	4	10	3	3	6
1 - 1.9	12	5	17	1	8	9
2 - 2.9	7	1	8	5	14	19
3 - 3.9	1	2	3	1	1	2
Total	26	12	38	10	26	36

Table 12

Frequency and Percentage Distribution of Prolonged Service
Non-Elderly Families According to Major Services
Performed by Problem Typology and Duration of Contact

Major Service*	Type 1					
	7-12 mos. (N=23)		13+ mos. (N=11)		Total (N=34)	
	No.	%	No.	%	No.	%
Teaching	21	91	9	82	29	85
Personal service	0	-	1	9	1	3
Expediting	1	4	1	9	2	6
Moral support	2	9	0	-	2	6
Total	24		11		35	

Major Service	Type 2					
	7-12 mos. (N=39)		13+ mos. (N=28)		Total (N=67)	
	No.	%	No.	%	No.	%
Teaching	28	72	24	86	52	78
Personal service	1	3	1	4	2	3
Expediting	11	28	4	14	15	22
Moral Support	2	5	2	7	4	6
Total	42		31		73	

Major Service	Type 3					
	7-12 mos. (N=6)		13+ mos. (N=15)		Total (N=21)	
	No.	%	No.	%	No.	%
Teaching	3	50	9	60	12	57
Personal service	-	-	-	-	-	-
Expediting	3	50	8	53	11	52
Moral support	4	67	5	33	9	43
Total	10		22		32	

*Service was counted as major if mentioned more than or equal to any other service. Since several families had more than one major service, percentage was figured on the number of families rather than the number of mentions.

Table 13

Frequency and Percentage Distribution of Multiproblem
Families According to the Period of First Contact Compared to All Families

<u>Period of first contact</u>	<u>Multiproblem families</u>		<u>All families</u>		<u>Percent of multi- problem families contacted in each period*</u>
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	
1. May-Sept. 1969	27	56	147	31	18
2. Oct.-Dec. 1969	10	20	61	13	16
3. Jan.-Mar. 1970	10	20	79	17	13
4. Apr.-June 1970	2	4	107	23	2
5. July-Sept. 1970	0	-	40	9	0
6. Oct.-Dec. 1970	0	-	26	6	0
7. Jan.-Mar. 1971	0	-	7	1	0
Total	49	100	467	100	

*Number of multiproblem families contacted in each period divided by number of all families contacted in the same period.

SECTION IV

EDUCATIONAL WORK WITH GROUPS

IN THE CORNELL-OEO PROJECT

EDUCATIONAL WORK WITH GROUPS IN THE CORNELL-OEO PROJECT

In the Cornell-OEO Project, work with groups was carried on in several different settings although it was neither a project goal nor a formal part of the project proposal. The one-to-one teaching homemaker role was developed in part to interest and reach women who would not ordinarily go to organized classes for instruction. It was this method of operation that was thought to be appropriate for the South Brooklyn project. Group sessions, however, evolved quite naturally out of the concerns of the project, the subject matter of the training course, and the work that family assistants were doing with individual families. Both formal and informal sessions were carried on for almost a year and thus formed a significant part of the project activity.

In the fall of 1970 workshops open to women in the community were held on sewing (which included clothing construction, knitting, and crocheting), cooking, and inexpensive interior decorating and furniture refinishing. These workshops were formally organized, sponsored, and staffed by the Cornell-OEO Project. The project also made and paid for child care arrangements and rented space and equipment for both the workshops and the child care.

Previously, in the spring of 1970, several patterns of informal work with groups had begun to develop. Most, but not all, of these were held in private apartments and involved demonstrations by family assistants covering a variety of subjects, mostly related to foods and sewing.

Work with groups was encouraged by the key staff for several reasons. First, it gave the family assistants a chance to improve their skill and confidence in appearing before groups, thus increasing their potential for reaching more people in the neighborhood. Second, it was an interesting activity of short enough duration to have a realizable goal and provide some feeling of accomplishment. There was, in addition, the implied purpose of finding more families with whom to work. Some family assistants had difficulty in recruiting families for regular work on a one-to-one basis.

Summary of Workshops, October 6th to December 17th, 1970

Planning the workshops began in meetings of the key staff during the summer of 1970. Plans were approved by the family assistants late in August. Responsibility for the sewing workshop was assumed primarily by Miss Matsen

with Miss Small assisting and making reports. Mr. Wright took responsibility for the cooking workshop and Miss Ruiz and Mr. Castillo for the interior decorating and furniture refinishing workshops. These workshops were planned to include women in the community as well as family assistants and differed in this way from workshops offered exclusively to family assistants in the previous year.¹

The family assistants chose the workshops they wanted to help with and met several times to plan the topics to be covered, to agree on assignments, and to prepare publicity. Each family assistant was to participate in at least one demonstration as well as to learn more about the workshop topics. The cooking and sewing workshops and babysitting arrangements were held in rooms rented from the Cuyler-Warren Community Church, which is located on the block between the Wyckoff and Gowanus Housing Projects. The interior decoration workshop was held at the Community Center in Gowanus Houses. The Cornell-OEO Project paid for the use of equipment and space, and the participants brought their own materials. Some help with tools and security for the furniture refinishing project were provided by men employed by Gowanus Houses. Publicity was largely by word-of-mouth. In addition, flyers were handed out around the neighborhood and posters put up in all the housing project buildings and in some stores.

Plans called for 20 sessions for each workshop, with both a morning and an evening session for sewing. As it turned out, there were some conflicts with other activities in the community. A few sessions were cancelled when family assistants were helping with preparations for a health fair in November and then with the health fair itself. The home decoration workshop was the only one which actually met twenty times. The morning sewing workshop dwindled to very small attendance and eight out of 16 sessions included only family assistants who were there to learn rather than teach. A few demonstrations at evening sessions were dropped because of the conflicts mentioned and because

¹Information on the workshops was obtained by means of a report form, sections of the December 1970 six months report prepared by the Brooklyn staff and also from interviews with the key staff when in Ithaca. As with most project data, there are some gaps and discrepancies which are impossible to reconcile and some questions which were not asked.

none of the Spanish-speaking assistants were available to help. Instruction had to be individual, partly because several children (10-12 years and up) joined the class and partly because of different levels of previous sewing experience.

The cooking workshop was planned in cooperation with the social services director of the Cuyler-Warren Community Church in order to avoid duplication of effort. The cooperative arrangement was dropped after five sessions because of differences in objectives. The other agency was primarily interested in a professional level of instruction in nutrition for people in the neighborhood while the Cornell-OEO Project wanted an opportunity for the family assistants to increase their own skill in conducting demonstrations as well as teaching useful information. On occasion the family assistants found themselves washing dishes with the door closed between themselves and the meeting room instead of giving the demonstration they had planned. After separating from the cooperative arrangement the family assistants in the food workshop continued to meet as a group at the project apartment and prepared holiday foods for the pre-Christmas festival. Friends whom they hoped to include in the workshops were not reached.

Attendance reported by the key staff for the home decoration workshop was small (4), but the project director reported that its influence was greater than the figures indicate. One or two leaders from another neighborhood group, the P.S. 38 Parent's Lounge, (sponsored by Title I of the ESEA) attended this workshop and took the ideas to their own group. One result was the production of so many decorative stuffed swans just before Christmas that they became an in-house joke. Other projects undertaken by members of the group were recovering window shades, refinishing furniture, recushioning a chair and making small throw rugs, small throw pillows, utility bags and storage boxes. Information was exchanged by staff and group members about stores where materials could be purchased inexpensively. The group expressed interest in continuing but no specific plans were made. Some sessions were demonstrations but most were work sessions.

The project leaders attribute the good attendance at the sewing and cooking workshops to the fact that baby-sitting was provided for young children and hours were coordinated with the youth program carried on in the same

building for the older children. It was available but not needed for the home decorating workshop. The fact that evening attendance was popular surprised the staff in Ithaca because of earlier reports that women were afraid to go out at night and would not attend evening sessions. The Cuyler-Warren Community Church, where both the cooking and sewing workshops were conducted, is within a block of the corner of the Gowanus Housing Project and about two blocks from the Wyckoff Project. During the life of the Cornell-OEO Project there were many contacts with the staff of the Cuyler-Warren Community Church, some more successful than others. We have no indication of any serious damage to the working relationship between the two groups resulting from the misunderstanding about the food workshop. This was the only agency in the neighborhood with any ongoing program in consumer education. Project staff consistently tried to avoid any duplication of effort.

In addition to the five project staff and 32 family assistants, 47 different women attended workshops. Thirteen of the 47 (28%) were families with whom a family assistant had worked individually, and 34 (72%) were not. Total attendance by women not employed by the project was 362, counting each person each time she attended, with the evening sewing sessions attracting the most people for a sustained series of lessons. See Tables 1 and 2.

Table 1

Persons Participating at Least Once in Fall, 1970 Workshops

	<u>Key Staff</u>	<u>Family assistants</u>	<u>Persons not employed by project - previously listed for one-to-one work*</u>	<u>Not previously listed</u>	<u>Total</u>
Sewing	2	13	4	18	22
Cooking	1	14	4	13	17
Home Decoration	2	5	5	3	8
Total	5	32	13	34	47

*Families with whom family assistants were working on a one-to-one basis were listed and given code numbers.

Table 2
Number of Workshop Sessions and Attendance by
Persons Not Employed by Project, Fall, 1970

	<u>Number of Sessions</u>	<u>Total Attendance*</u>	<u>Average Attendance</u>
Sewing, a.m.	16	25	3 (at 3 sessions) 0 (at 8 sessions)
Sewing, p.m.	15	173	12
Cooking, a.m.	5	84	17
Home decorating	20	80	4
Total	56	362	

*Total attendance includes each time each person attended a session, and is higher than total number of persons attending at least once.

The staff apparently felt very well pleased with the workshops except for the cooking arrangement. The final event was a pre-Christmas festival in December. This affair gave the workshop participants an opportunity to show what they had produced.¹

Very few problems were mentioned in connection with the workshops except the necessity of rescheduling. The home decorating group had minor problems with equipment and storage space, but these were worked out. Instruction was usually given in both English and Spanish (exact figures not available). The assistant director of teaching and service considered the cooperative cooking workshop a fiasco. She concluded that she should have realized sooner that the attempt at collaboration would not work, though she had tried hard to plan jointly in order to avoid doing anything the other agency might resent.

Informal Work with Groups

Several different patterns of informal group instruction emerged.²

The prime organizer of one series of demonstrations was Mrs. H., a family assistant from the third class of trainees. She worked closely with one other family assistant and less often with two more. Between April, 1970 and

¹The project director has stated that he found special events of this type necessary to keep up participants' enthusiasm.

²These meetings were reported on family visit reports and later on a form developed for this purpose. Copy attached.

January, 1971, Mrs. H. reported sixteen sessions held at regular intervals, with attendance ranging from seven to 20 and averaging 11. The nucleus of the group consisted of members of the Mothers' Club of the Colony House Headstart Program. The Mothers' Club continued to meet independently so these meetings did not replace regular meetings of the club. There was continuity in both the makeup of the group and topics considered. Three or four of the women in this group were identified as families with whom family assistants had worked individually. To some extent the topics followed the training program coverage, particularly on meal planning, shopping, and food preparation.

Several meetings were held in Mrs. H.'s apartment in Gowanus Houses, but most were in other apartments in the area. There were some sessions of special interest. One, on soul food, was given for eight Spanish-speaking ladies. It was taught in both Spanish and English for a mixed black, Puerto Rican group. There was also a lesson on making paella for which it was necessary to go to a Puerto Rican meat market for ingredients the previous day. The 15 ladies who attended were very much interested and expressed a desire to try it individually at their own homes. Topics at other sessions were the use of surplus foods and meal planning and shopping.

Preparations for a session typically included buying ingredients, assembling the cooking ingredients, getting the surplus foods from the Cornell-OEO Project office, getting leaflets from the office, bringing labels and pictures, and reviewing training notes. Time needed was usually fifteen minutes to an hour except for the special trip to the Puerto Rican market.

The publicity was usually handled through the family assistants and the hostess. Announcements were sometimes made at Colony House and also at the Cuyler-Warren Community Church, usually orally. The equipment needed was ordinary household equipment. The major problem was that the kitchens were all too small and too hot for the number of people attending. At one lecture session held at Colony House, Mrs. H. presented ideas on meal planning and meat buying. She said that if she did this again, she would prefer to have the group actually plan and cook something.

No baby-sitting was provided for this group but probably was not needed as the children were in the Headstart program. The reports all indicated that the audience reaction to the family assistant was friendly. Group members

were very interested and asked questions. The family assistant considered all sessions worthwhile. This group expected to continue after the dissolution of the project itself.

Another pattern was developed by Mrs. C. and Mrs. T. of the fourth group of trainees. They reported on fifteen different demonstrations between June and December, 1970. Attendance varied from two to seven women with an average of four. All of these demonstrations were given at the homes of families with whom these two family assistants were working individually. The families invited neighbors and friends. The invitations, were, therefore, almost entirely by word-of-mouth. Attendance counts may have been conservative since members of the immediate household other than the homemaker would not ordinarily be included in the group meeting report.

Mrs. C. and Mrs. T. usually demonstrated the use of donated foods and usually prepared food. They reported that they included some opportunity for group participation but did not give details. When the surplus foods program ended, the demonstrations tended to be devoted to cooking lunch, which included teaching nutrition, shopping and food preparation. Preparation for these demonstrations was simple. It consisted of getting out utensils and getting ingredients together.

All of these sessions were held in different apartments in the Gowanus Housing Project. In this case each host family was the center of a separate small group, and some had the group several times. Usually the host family was one the project had worked with, but the others attending were not. This approach created no problem of extensive crowding or uncomfortable temperature in the kitchen because the number present was usually small.

Another family assistant, Mrs. B. of class 2, held five demonstrations in her own apartment in June and July 1970. Attendance varied from two to fourteen. The three largest groups came from the P.S. 38 Parent's Lounge. The director of the Parent's Lounge helped announce the demonstrations. One group was an English class from the Parent's Lounge who came with their teacher and were very enthusiastic. Two other family assistants demonstrated baking bread at one of these sessions. Three families Mrs. B. was working with individually attended some of the sessions. Some were given in both English and Spanish. This series of demonstrations was stopped after the surplus

foods program was ended because neither the family assistants nor the project had money to pay for the food needed and also because the women attending began to bring their children. Mrs. B. did not feel she could ask them to leave their children at home.

Still another pattern is provided by the work of Mrs. W. of the fourth class at the home of one of her families. Regular individual work with this family was focused at first on the use of surplus foods and food shopping and later on shopping for sewing material. Two visits were reported as demonstrations because several neighbors attended. One session was on the use of surplus foods which the hostess had on hand after the surplus foods program ended and another was a demonstration on how to use leftover turkey. In this case it seems that the two group demonstrations were primarily an expansion of the work being carried on with the family. This was a very large family living outside the housing projects.

The other food demonstrations reported were scattered among several different family assistants and seemed to be isolated affairs on specific topics, such as cake baking. Invitations and publicity were entirely by word-of-mouth on the basis of personal acquaintance. The hostess families were all families with whom the family assistant was working individually. We have no basis for knowing whether a teaching visit to a family was more effective with or without the neighbors present.

In the sewing and home decoration field, two family assistants from the first class led three sessions for members of the P.S. 38 Parent's Lounge in the spring of 1970 with ten people participating each time. These sessions were dropped when one of the family assistants found she was allergic to one of the fabrics being used and in addition it became apparent that the group members were not sustaining interest.

In February and March, 1971, Mrs. L. and Mrs. S. of the first group, with the help of another family assistant, led a ten-session sewing workshop at Colony House for the Mothers' Club with the objective of making spring dresses. Attendance at these sessions averaged eight although 16 were registered. There was someone new at almost every session and everyone worked at a different speed so the instruction had to be individual. The family assistants took the group shopping for fabrics and other materials as well as

teaching cutting and sewing. Some of those attending started to sew only toward the end of the sessions.

All told, 56 informal sessions were reported. Forty-three were on foods and related topics and all met in private apartments. Thirteen were on sewing, and in part because of the space demands, assembled at more public meeting places like the neighborhood house. Total attendance was 395 and because this figure counts each time a person attended, we have no way of counting repeaters.

Between September, 1969 and March, 1971, Mrs. M., a member of the second training class, had at least 65 contacts with the P.S. 38 Parent's Lounge. Many of these were discussions with the director of the lounge having to do with plans for future meetings, trying to get the director interested in including some more subject matter from the Cornell-OEO Project such as consumer education and arrangements for the family assistant to represent the Parent's Lounge at other community meetings.

In addition, there were many occasions when Mrs. M. met with other women in the Parent's Lounge either for an entire morning or part of a morning. Occasionally she led a prepared discussion on one or more of the topics from the Cornell-OEO training course, such as comparison shopping or foods. More frequently she talked informally with some of the women about subjects included in the home management training course. A lot of time in both the conferences and the meetings was spent in promoting the Cornell-OEO Project, the Consumer's Club sponsored by the Cuyler-Warren Church, the Parent Association for P.S. 38 and the Parent's Lounge itself.

A number of conferences included mention of a problem at the school and interest in the appointment of a new assistant principal. One report mentioned discussion of strategy in preparing for an interview with a school principal. Another topic of discussion was the 1970 neighborhood school election. Occasionally Mrs. M. helped with workshops in which the parents were carrying on an activity by themselves, such as sewing. This was the only group in which there were reports both of home management topics and social action concerns.

Occasionally also the director suggested that a new family might like to have the help of the family assistant in the usual family assistant one-to-one relationship. Most of the families with whom this family assistant worked had school age children, and it seemed likely that there was a close relationship between her work with families and her work with this group.

Conclusions

Although emphasis in the Cornell-OEO Project was on individual work with families, all of the family assistants got some experience in working with and speaking before groups. In the project-sponsored workshops each family assistant was responsible for at least one demonstration though the key staff members had major responsibility. In addition, ten family assistants led sessions for informal groups and were occasionally assisted by six others. Thus, almost half of the family assistants had informal group experience.

The informal group meetings which had continuity of persons and topics began to occur about a year after the project had gotten under way. The family assistants apparently needed time to become capable of handling a group instruction situation and even then felt more comfortable if two or more did it together. The informal work with groups grew out of contacts with individual families and with other agencies. The key staff encouraged the development of groups and helped the family assistants with their plans, but leadership remained with the family assistants.

Contrary to the expectations of some staff members, group work did not result in turning up many new families for the family assistants to work with on a one-to-one basis. However, it did clearly extend the influence of the project to more families than had been reached on the exclusively one-to-one basis.

The project's experience suggests that low-income people can be attracted to adult education programs once their curiosity has been aroused and the program content is relevant. Critical factors in this process seem to be personal contact and confidence. Many of the informal groups consisted of relatives, neighbors and friends of a family assistant or of a family she was working with who invited others to attend. Provision for child care was also necessary. For both the informal groups and the workshops word-of-mouth communication was the primary means of informing people and arousing their interest in participating. Flyers, posters and the local paper were also used to publicize the workshops. Convenience or accessibility was probably another factor. All these meetings were held in the participants' immediate neighborhood, frequently in the building where they lived.

Form #700
10/28/70

Report on Cornell-OEO Work with Groups Outside the Project

Report made by _____
(to be filled out by staff member responsible for program with help from GW or other staff if needed)

If information is not available, please write, "Don't know," or "Does not apply" so we know a blank is not an oversight.

1. Purpose of meeting (purpose of Cornell-OEO staff)

- a. ☐ teaching
- b. ☐ planning social action
- c. ☐ exhibition for general public
- d. ☐ getting people involved in community affairs
- e. ☐ other - describe _____

2. Topic(s) or Subject(s) _____

3. Date of meeting _____ 4. Time: from _____ to _____

5. Place of meeting _____

6. Type of group (check one)

- a. ☐ regularly scheduled class or workshop organized by project
- b. ☐ group that meets regularly, sponsored by another agency (parent's club, senior citizens, etc.)
- c. ☐ groups specially organized by a FA or project staff for this meeting
- d. ☐ public exhibit, open house, carnival, fair, fashion show, etc.
Please specify _____
- e. ☐ initiative came from family which had been receiving service
- f. ☐ other (specify) _____

8. No. of persons attending (not employed by project) _____

9. How many persons attending already had had one-to-one work by a FA? _____
Please list names or code numbers _____

10. How many showed interest in getting individual help from FA after attending the meeting? _____

11. Name or names of project staff participating _____

12

12. Type of presentation or activity (check one or more)

- a. ☐ lecture
- b. ☐ discussion
- c. ☐ film
- d. ☐ field trip
- e. ☐ demonstration with no audience participation
- f. ☐ demonstration with audience participation
- g. ☐ presentation of work completed previously
- h. ☐ participation by group in activity presented
- i. ☐ work on individual projects, with some one-to-one help
- j. ☐ other (describe) _____

13. Language used in presentation ☐ Spanish ☐ English ☐ Both

14. Describe audience reaction (check one or more)

- a. ☐ friendly
- b. ☐ critical
- c. ☐ very much interested
- d. ☐ not interested
- e. ☐ asked questions
- f. ☐ other - or mixed (describe) _____

15. Did FA and GW consider this effort worthwhile? ☐ Yes ☐ No ☐ Not Sure
Did they agree? ☐ Yes ☐ No ☐ Not Sure

16. Is there any plan for the project staff to meet with the same groups again?

17. Would you present this topic in any different way if doing it again? Explain.

18. What sort of preparation did you make? _____

19. How long did it take? _____

20. What materials or equipment did you use? _____

21. If there were any problems, please describe and tell what you did about them - (e.g. needed slide projector - stove out of order - no table - children disrupted, space too crowded, no storage space). _____

22. Was there a baby-sitting arrangement? () Yes () No
23. How many used it? _____
24. How was the meeting publicized? _____

25. Were there any reports afterwards (in newspapers or elsewhere?) _____

26. Was there any feedback from others? _____

27. Were any decisions made or action taken by this group as a result of discussion in the group meeting? _____

